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ABSTRACT

This document is part of a series designed to provide guidance for communities and caregivers interested in building exemplary systems of care and to give systems builders the latest available information about how best to help and serve and support children who live with serious emotional disturbances at home and in their communities. The monographs show that the Comprehensive Community Mental Health Services for Children and Their Families Program has evaluated and developed promising practices that directly improve the health and lives of children and families throughout the country. This volume explores the ever-burgeoning conviction in a growing community of providers, advocates, and families that wraparound services are simply better, cheaper, and more humane than conventional service delivery processes for families with children with serious emotional disturbance. Through the stories of six families who have received individualized services and supports, the wraparound process is shown to support their strengths and meet their needs. Following the six case studies, the final chapter presents a qualitative, cross-site analysis that integrates and summarizes the observations and lessons learned from the six wraparound stories. Appendices include a conceptual framework for this volume. (Contains 19 references.) (CR)

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Systems of Care
Promising Practices in Children's Mental Health
2001 Series

VOLUME I
WRAPAROUND: STORIES FROM THE FIELD

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Child, Adolescent, and Family Branch
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U.S. Department of Health and Human Services

Comprehensive Community Mental Health Services for Children and Their Families Program

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FOREWORD

It is with great pleasure that we present the third collection of monographs of the *Systems of Care: Promising Practices in Children's Mental Health* of the Comprehensive Community Mental Health Services for Children and Their Families Program. The 2001 Series connotes a time of new beginnings for this seven-year-old federal grant program, which assists communities in building fully inclusive, organized systems of care for children who are experiencing a serious emotional disturbance and their families. It also represents a year of validation and pride for those who have been involved with this movement for years. As more and more evidence on the effectiveness of the system of care approach amasses, we have been able to gain increased support to expand the number of grant communities and the investigation of promising practices within those communities. Owing to the proven success of the Comprehensive Community Mental Health Services for Children and Their Families Program, this year's budget reauthorization afforded our grant communities an extension of their grants, thereby expanding their community-based initiatives from five-year to six-year programs.

In his millennium report on mental health, Surgeon General David Satcher stated, "Across the Nation, certain mental health services are in consistently short supply. These include the following: wrap-around services for children with serious emotional problems and multisystemic treatment. Both treatment strategies should actively involve the participation of the multiple health, social service, educational, and other community resources that play a role in ensuring the health and well-being of children and their families." Our grant communities employ these effective approaches in combination with other community-based strategies to help these children and their families thrive. As those of us fortunate enough to participate in this initiative grow and learn, we maintain a commitment to share our knowledge and resources with all communities.

Until recently, throughout this nation, and especially in Native American communities, most children living with a serious emotional disturbance have not received clinically, socially, or culturally appropriate care. These young people have been systematically denied the opportunity to share in the home, community, and educational life that their peers often take for granted. Instead, these children live lives fraught with separation from family and community, being placed in residential treatment centers or in-patient psychiatric centers hundreds and even thousands of miles away from their home. For many of these young people, families, and communities, the absence of certain types of information has fueled the continued existence of inadequate and unresponsive service delivery systems. Staff at these service delivery networks often believe that they have no alternative but to separate these children from their families and place them in costly, long-term, out-of-home placement. The *Promising Practices* Initiative is one small step to ensure that all Americans can have the latest available information about how best to help serve and support children who live with serious mental health problems at home and in their community.

Systems of Care: Promising Practices in Children's Mental Health is an annual publication that features the strengths of the systems of care being developed in this country through the support of the Comprehensive Community Mental Health Services for Children and Their Families Program. The grant program has helped develop cutting-edge technologies for forming effective systems of care throughout this country. The *Promising Practices* monograph series is a way for us to inform the thousands of communities that do not have the benefit of participation in the grant program about the emerging approaches and innovations occurring in systems of care. The *Promising Practices* series provides guidance for communities and caregivers interested in building exemplary systems of care and gives system builders the latest available information about how best to help serve and support children who live with serious emotional

disturbances at home and in their communities. The monographs show that the Comprehensive Community Mental Health Services for Children and Their Families Program has evaluated and developed promising practices that represent an invaluable return on the nation's investment. Used in the grant communities, the *Promising Practices* series has clearly enhanced, and will continue to directly improve, the health and lives of children and families throughout the country.

Emerging systems of care within communities will certainly benefit the national knowledge base on how best to support the mental health needs of children who present major challenges, especially the contributions made by the grant communities themselves. We are proud that the information contained in these monographs has been garnered within the grant communities of the Comprehensive Community Mental Health Services for Children and Their Families Program. The information was gathered by visiting sites, holding focus groups, collecting data by the national program evaluation involving all grantees, and interviewing numerous professionals and parents.

The 2001 *Promising Practices* series includes the following volumes:

- *Volume I—Wraparound: Stories From the Field* explores the ever-burgeoning conviction in a growing community of providers, advocates, and families that Wraparound is simply better, cheaper, and more humane than conventional service delivery processes for families with children with serious emotional disturbance. Through the stories of six families who have received individualized services and supports through a Wraparound process, we see how this process worked to support their strengths and meet their needs.

- *Volume II—Learning From Families: Identifying Service Strategies for Success* examines the success stories of families with children who suffer from emotional and behavioral disorders. Family success, defined from the perspectives of the families and providers, occurs when systems of care focus on the entire family, meet families "where they are," and emphasize the connection between family and community. The monograph emphasizes the crucial importance of strong bonds between families and providers.

- *Volume III—Promising Practices in Early Childhood Mental Health* shows us that systems of care serving very young children and their families are finding innovative and effective ways to design and deliver services. The authors consistently found that an approach to services that takes into account the whole child, including his or her family and community, his or her unique developmental needs and strengths, and his or her well-being in a variety of contexts is especially important and most effective. They also found that a truly family-centered approach to care with a high level of parent participation in decision making seems to increase the overall level of parent engagement in the well-being of their child within a particular child-serving agency.

As you read through each volume, you may have a sense that some topics you would like to read about are not to be found in this series. We would expect that to happen simply because so many issues need to be addressed. We fully expect this series of documents to become part of the culture of this critical program. If a specific topic is not here today, look for it tomorrow. In fact, let us know your thoughts on what would be most helpful to you as you go about ensuring that all children have a chance to have their mental health needs met within their home and community.

The communities that have been fortunate enough to participate in our federally funded initiative have been able to incubate solutions and promising practices that work! This series represents a gift of collective knowledge and lessons learned from our grant communities to those struggling to develop effective systems of care throughout the nation.

So the 2001 *Promising Practices* series is now yours to read, share, discuss, debate, analyze, and use. Our hope is that the information contained throughout this series stretches your thinking and results in your being more able to realize our collective dream that all children, no matter how difficult their disability, can be served in a quality manner within the context of their home and community. COMMUNITIES CAN!

Joseph Autry
Acting Administrator
Substance Abuse and Mental Health
Services Administration

Bernard Arons
Director
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PREFACE

The Wraparound process helps realize the important goals of the Comprehensive Mental Health Services for Children and Their Families Program—improving life outcomes for children with serious emotional disturbance and their families. The Wraparound process involves teams of people working together to operationalize systems of care at a child and a family level.

This volume attends to the diverse perspectives contributing to Wraparound processes—children, parents, friends, clinicians, and staff—across multiple disciplines and agencies. Although all these perspectives are important, it is also useful to begin with a single perspective—that of a youth who was involved in a Wraparound process who chose to present her story at a recent national conference.

Chelly is a 17-year-old hearing-impaired Latina who was enrolled in The Children's Partnership in Austin, Texas, in April of 1999. Before her involvement with the Wraparound process, she had had repeated psychiatric hospitalizations because she had harmed herself. She and her family struggled with her safety and risk-taking behaviors daily. Chelly's parents and older brother rotated evenings physically blocking their front door at home to prevent her from running away. Her mother feared losing her job because of excessive absences dealing with her crises. Owing to Chelly's aggressiveness toward her family, she also became involved with the juvenile justice system. The community agencies that were working with the family recommended that she be sent to a residential treatment center, much to the dismay of this close-knit family. The family had lost hope and was ready to accept the residential treatment recommendation. When staff introduced the Wraparound process to the family, Chelly was certain that it would not work because nothing had helped her in the past. As Chelly and her family began developing their strengths, they began to notice progress. Chelly invited her psychologist, teacher, probation officer, aunts, uncles, and cousins to be on her team. As Chelly began to accomplish the goals that she and her family had set, the family became less stressed and more hopeful. When the family was asked what they thought was different in the Wraparound process compared with other ways of organizing care, they replied, "Finally there is a process that looks at our strengths and culture and asks us what we need instead of them telling us what is best for our family." Here, in her own words, is Chelly's story.

> *Hi. My name is Chelly. I'm from Austin, Texas. I am 17 years old. I'm here to tell you about my experience following some problems I had two years ago.*
>
> *When I was about 14 or 15 years old, I began having problems with depression because I was raped by a former boyfriend. I did some really horrible things. I tried to kill myself ten times. My parents and I would always get into arguments and I ran away from home. I had a lot of trouble at school—I skipped school a lot and I talked back to my teachers. I only went to school for three months in my sophomore year.*
>
> *I went to a psychiatric hospital about ten times and thought about killing myself. My counselor was planning to send me to a Residential Treatment Center (RTC) in another town for one year, but I am lucky—my care coordinator and my team got together to plan what was best for me. They won't let me go back to the hospital. We have a meeting called Wraparound and it really worked. In Wraparound, my team asked me what I*

wanted and needed. Before, other programs never asked my opinion. I was locked up three times for hurting my family. I have been on probation for eight months. My probation officer and my psychologist joined my team, and we all looked at my strengths and my plans for my future. I realized myself that I was doing horrible things, and I felt really guilty. I didn't like what I was doing—I felt I hurt all my family that is precious to me. I felt I should change my life. I tried lots of things and finally it worked.

I will keep trying to change all my life. I listen to and respect adults. I let anyone help me. I keep thinking positively. I really want to thank the Children's Partnership Program. I am going to graduate high school in 2001. I now go to school every day and make As *and* Bs. *I want to go to college and to be a social worker. I showed everybody that they could be proud of me.*

I feel really happy and successful in my life. Thank you for letting me share my story with you.

Many youth like Chelly have been served in the 67 grant communities who have strengthened their Systems of Care through the federal Comprehensive Mental Health Services for Children and Their Families Program. All the youth have strengths that can be built on. They come from all different racial and ethnic backgrounds, from all different economic levels, and they are challenged by a broad range of problems in living, including mental illness. Whatever these youth bring to the Wraparound process, the teams vigorously pursue the goals of involving them and their families in service planning, keeping them in their communities as much as possible, respecting their cultures, and building on their unique strengths.

This volume presents stories of youth like Chelly who were served through a Wraparound process. Through their stories, we hope to bring about greater understanding of how to implement this promising practice in Systems of Care.

ACKNOWLEDGMENTS

The Promising Practices 2001 series is the culmination of the efforts of many individuals and organizations that committed endless hours participating in the many interviews, meetings, phone calls, and drafting of the documents that you see represented here. Special appreciation goes to all the people involved in the grants of the Comprehensive Community Mental Health Services for Children and Their Families Program for going beyond the call of duty to make this effort successful. This activity was not in the grant announcement when they applied! Also a big thank you to all the writing teams that have had to meet deadline after deadline in order to put this series together in a timely fashion. Not only did they work hard but also, as you can see, their efforts yielded great results. The staff of the Child, Adolescent and Family Branch deserve a big thank you for their support of the grantees and me in keeping this effort moving forward under the crunch of so many other activities that seems to make days blend into months. Thanks to David Osher, Cecily Darden, and their staff at the Center for Effective Collaboration and Practice for overseeing the production of the third series, specifically, Eric Spears and Diedra White for word processing and graphic layout support; Holly Baker for carefully editing all the monographs during the final production phases; and Huda Aden and Sarah Leffler for assisting in editing and proofreading. Finally, a special thanks to Dr. Dorothy Webman, who had the dubious pleasure of trying to coordinate this huge effort from the onset. Dorothy was able to put a smile on a difficult challenge and rise to the occasion. Many people have commented that her commitment to the task helped them keep moving forward to a successful completion.

EXECUTIVE SUMMARY

Within the growing community of providers, advocates, and families working within the Wraparound process, there is an ever-burgeoning conviction that Wraparound is simply *better, cheaper,* and *more humane* than conventional service delivery processes for families with children with serious emotional disturbance. The goal of this volume is to advance understanding of the Wraparound process by illustrating promising practices in its implementation. Through the stories of six families who have received individualized services and supports through Wraparound, we will see how this process worked to support strengths and meet needs.

What is Wraparound? Essentially, Wraparound is a process of delivering services for children and their families that emphasizes the following values:

- Services and supports should be community-based. Children belong in their natural environments.
- Planning for services and supports should be both individualized (fit the services to the child, not the child to some pre-existing program) and strengths-based (the focus should be positive, on building strengths, rather than on problems, deficits, or diagnoses).
- All interactions with a child and family should be culturally competent—respecting unique family cultures.
- Families should at least be full and active partners in every level of the Wraparound process. The ideal is for families to be responsible for making decisions and allocating resources, with the input of professionals and others on the team.
- Wraparound is very much a team-based process, involving the family, child, natural supports, agencies, and community services. Wraparound teams differ from other multiagency teams because team members should be selected on the basis of their connection to the family rather than their role alone (such as teacher, therapist, or parole officer).
- Wraparound requires flexible funding and flexible, creative approaches to service delivery. Often, funds that might have been spent on an out-of-community placement are reallocated to provide support for a child living in a more natural environment.
- Conventional services should be balanced with natural community and family resources. Natural supports can be both more enduring and less costly than professional services.
- There should be a "no reject, no eject" policy of unconditional commitment for working with children. When difficulties arise, the services and supports are changed, but never eliminated.
- The service/support plan should be developed and implemented through an interagency, community-neighborhood collaborative process.

- Outcomes selected by and important to the team involved in the Wraparound process should be determined and measured.

To understand the Wraparound process in the context of community mental health, it may be helpful to make the distinction between the levels at which Wraparound and Systems of Care operate. A System of Care is a network of services and supports that exists at the *community level*. Wraparound is a process for planning and individualizing services for child and family at the *individual level* and is a way to implement a System of Care. The two are consistent in their values and are mutually supportive. For clarity, we will untangle the elements of the individual Wraparound processes from those of communitywide service systems in tables that are included at the end of each story.

Six families participated in this volume:

- A 19-year-old young man from Rhode Island, who was adopted out of the foster care system along with his older sister. Both he and his sister faced serious emotional and behavioral challenges growing up, and both benefited from the outstanding advocacy of their mother, who is now also a Wraparound coordinator. The System of Care infrastructure and Wraparound processes were not in place to support his sister, but were for him. The time spent in-home as opposed to out-of-home and the sense of connection to their family varied greatly between the sister's and the brother's experiences.

- A 17-year-old youth from North Dakota who has been connected with his tribal traditions as part of an effort to move away from a life troubled by drugs, alcohol, and domestic violence. This youth's story illustrates the close parallels between the values of Wraparound and the values of traditional Native American culture.

- A 7-year-old girl from a suburb of Seattle, Washington, who, after removal from her mother's custody (along with her two sisters) because of neglect, was raped while in foster care. After that incident and the emergence of some severe negative behaviors, she was placed in residential treatment for six months. In the five months since her release to her grandmother's care, King County's Blended Funding Project has allowed direct access to dollars that it might otherwise have spent for more restrictive forms of care, and the grandmother's ability to take charge of her granddaughter's care has led to strikingly positive short-term outcomes.

- A 13-year-old boy from Ohio, who is challenged by the Tourette's syndrome triad of severely impulsive behavior, obsessive-compulsive symptoms, and tics. His mother has maintained him at home and in his neighborhood school with the support of her Wraparound team. The family expects to be engaged in the Wraparound process far into the future.

- A 16-year-old girl from Vermont who has a history of sexually abusive behavior toward peers and younger children. After three years of involvement in Wraparound, she has avoided residential placements, is on the honor roll in high school, and is doing very well in a foster home placement. Her involvement in Wraparound is ongoing.

- An 18-year-old youth from Milwaukee who came to the attention of service providers through the juvenile justice system. His capacity to form attachments and build relationships helped his team overcome a lack of involved family members and the youth's own anger. After about a

Values and Issues	Themes
The Wraparound process is community-based.	Wraparound teams proved that intensive services could be provided in community settings. Wraparound teams continually mapped the services and supports where the child and family lived to identify the existing resources and strengths of the community.
The Wraparound process is individualized and strengths-focused.	Wraparound team members new to the family took time to learn about them and to build a relationship. The Wraparound process identified child and family strengths and needs in all life domains. Wraparound teams listened to family choices about how to prioritize needs and how to tailor or create services and supports to meet those needs. Wraparound teams individualized services by advocating for services to be sustained over time in some situations.
The Wraparound process is culturally competent.	Teams recognized that "every family has its own culture." Teams used a range of activities to increase the cultural competence of the Wraparound process.
The Wraparound process is family driven.	The Wraparound process allowed families to drive the process by intentionally structuring opportunities to give families voice, choice, and ownership. In the Wraparound process, children and youth had a voice in the process.
The Wraparound process is a team-based process.	Wraparound teams facilitated the family's access and connection to needed supports and services and organized their systematic delivery. The team structure enhanced the effectiveness and the creativity of problem solving and brainstorming.
The Wraparound process requires flexible funding.	Wraparound teams used flexible funds to meet the basic needs of children and their families. Wraparound teams used flexible funds to ensure that services and supports met the child and family's needs and that services were of high quality.
The Wraparound process includes conventional and natural supports.	Natural supports must be identified and cultivated by everyone on the Wraparound team. Natural supports were a significant source of culturally relevant emotional support and caring friendships for children, youth, and families.
The Wraparound process requires an unconditional commitment.	Wraparound teams adopted a mindset of doing whatever it takes to meet the needs of the child and the family. Wraparound teams overcame what are often perceived as barriers in more traditional service delivery, including concerns related to "client resistance to treatment" and issues of safety and liability.
Documenting outcomes and ensuring quality services are important in the Wraparound process.	Outcomes were determined on the basis of family priorities and team consensus. Wraparound teams monitored progress in all targeted life domains and made changes as needed. Individualized plans of care must consist of quality services and supports to be successful.

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year and a half, he was recently disenrolled from Wraparound. He is now living on his own with friends and works full-time at a factory. We have detailed information about the cost of Wraparound for this youth, and we present this information graphically in the chapter.

The final chapter in this volume is a qualitative, cross-site analysis. The purpose of this analysis is to integrate and summarize the observations and lessons learned from the six Wraparound stories. The primary question guiding this analysis was, With six teams implementing the Wraparound process in diverse geographic regions, with children experiencing different emotional, behavioral, and safety issues, and families with unique needs, what similarities emerge as a result of being guided by the values of Systems of Care as implemented through the Wraparound process? The resulting themes are summarized in the following table.

At its heart, Wraparound is a process through which communities—their human service systems, health and mental health organizations, schools, courts, faith communities, businesses, families, and more—can come together to "take care of their own."

CHAPTER 1: INTRODUCTION

Within the growing community of providers, advocates, and families working within the Wraparound process, there is an ever-burgeoning conviction that Wraparound is simply *better, cheaper,* and *more humane* than traditional service delivery processes for families with children with serious emotional disturbance. In addition to the observations of providers and consumers, preliminary empirical evidence suggests that compared with treatment as usual, children and their families served through a Wraparound process do achieve more positive and meaningful outcomes, at lower cost and in a manner that is more acceptable to and empowering of families.[i, ii] As providers increasingly explore the use of the Wraparound process, it is evolving into a truly promising practice.

Many challenges face those who hope to test the effectiveness of Wraparound processes, especially given the mismatch between Wraparound's individualized services and supports and research designs' requirement of standardized interventions. One step toward advancing knowledge is illustrating practice and describing outcomes, and that is the mission of this current volume. In this document, we tell the stories of six families who have been involved in a Wraparound process. Through their experiences, we hope to communicate a sense of the variety of methods employed nationally within Wraparound processes. At the same time, we hope to give readers a frank look at the successes and barriers that may be encountered in implementing a Wraparound process.

We begin by presenting a formal definition of Wraparound:

> *Wraparound is a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.*[iii]

This very formal definition essentially boils down to a few key concepts. First, Wraparound is not a service and not a program, but a *process for providing care* for children and families. This process is deeply rooted in a value system about the way children with emotional and behavioral problems and their families should be treated. This value system turns the dominant medical model, in which vast numbers of practicing professionals are trained, on its head. The Wraparound process has been largely championed by families and providers who have challenged professional practices that see families as "disordered," place providers in positions of complete power, and remove children from the community rather than support them within their homes.

The Wraparound process has been developing over the past 40 years. Some of the formative work came out of efforts by John Brown and his colleagues in Canada who operated the Brownsdale programs in the 1960s, which developed needs-based, individualized, unconditional services. The Kaleidoscope

program in Chicago used these concepts in designing and implementing private agency–based individualized services in 1975 under director Karl Dennis, who employed the phrase "no reject, no eject" to describe his unconditional approach. At the same time, the fields of social work,[iv] education,[v] child development,[vi] child psychology,[vii] and family therapy[viii] were paying increasing attention to ecological concerns. Children were no longer seen as isolated individuals, but rather as human beings who existed in a context that included their family, school, community, and culture. As Nicholas Hobbs wrote, "Emotional disturbance is not something in the person, not something a child or adolescent has.... Emotional disturbance is a symptom not of individual pathology but of a malfunctioning human ecosystem."[ix] This sensibility is consonant with and naturally leads into the values of the Wraparound process.

In recent years, federal and other programs have supported and advanced more progressive service delivery methods, including the Wraparound process. For example, the value system that undergirds Wraparound is consistent with the formal values articulated in the National Institute of Mental Health's *Child and Adolescent Service System Program* (CASSP). In the 1980s, this program provided money to every state to develop service systems that were child centered, family focused, community based, and culturally competent. In the 1990s, the Federal Center for Mental Health Services developed the *Comprehensive Community Mental Health Services for Children and Their Families Program*, which supported communities in building local Systems of Care. A System of Care is a cross-system, coordinated network of services and supports organized to address the complex and changing needs of children who have an emotional disturbance and their families.[x] Wraparound provides an individualized technology that builds on the strengths and addresses the needs of children with serious emotional disturbance and their families served within a System of Care.

In addition to Wraparound being a *process for identifying strengths and needs and aligning care,* a second concept embedded in this definition is that Wraparound happens in a team-based *planning process* that gives the family and child decision-making power. Team members are people who care about the family—those who have daily contact with a family and to whom a family might turn in a crisis. What distinguishes Wraparound teams from other interagency case-management teams is that in the latter, team members are selected according to their *role*. For example, "You are the teacher so you need to come." In a Wraparound team, however, the members are selected also on the basis of their *attachment* to the family: "You know my needs because we have talked about my life, so you need to come."[xi] Teams include professionals, such as social workers, therapists, and teachers, as well as natural supports, such as friends, co-workers, and family members, who are equal partners in the planning process. All team members "put their resources on the table" to design and implement the most effective plan for the child and family. Every child and family team is unique, and teams change over time both in their membership and in the roles that members play. Teams are vital to a Wraparound plan's success.

The use of the word *community* is also crucial in understanding Wraparound. The Wraparound process is based on a very powerful belief that children should live and receive services in their home communities, not in institutions. A simplistic but not entirely inaccurate "definition" of Wraparound that has been offered is that "Wraparound is when you take the money you would have spent on residential treatment and use it to support kids living at home." A tenet of Wraparound is that with sufficient creativity and commitment by team members, placements outside of the home community can often be avoided altogether.

A fourth concept central to understanding Wraparound rests on the words *natural supports*. One way in which Wraparound processes implement System of Care values is through an emphasis on including nonprofessional resources in meeting families' needs. The members of the child's planning team who are selected because of their attachment to the family may be more enduring, more culturally relevant to families, and less expensive than conventional service providers.

Fifth, Wraparound is intended to truly *individualize* the services and supports arranged for a family. Care is based not on what programs are available, but on what the needs are. For example, if a child needs to be in school for only half a day in order to maintain behavioral control, then that child is not kept there all day because "that's the way it's done." Similarly, the child's basic needs, such as food, shelter, or clothing, are not ignored just because traditional service systems "don't handle that sort of thing." For example, a child from a poor family may steal food to help support his family. If he's caught and incarcerated, that does nothing to change the circumstances that led to his stealing in the first place. A Wraparound process might work to help the family's caregiver find a job, which might eliminate the need for the youth to steal.

Finally, an important element in understanding the Wraparound process has to do with the importance and application of pooled and flexible funds. Some communities described in this volume, such as Stark County, Ohio, and Milwaukee, Wisconsin, have mechanisms wherein multiple child-serving agencies pool their funds to support children who have cross-agency needs. Even without pooled funds, successful Wraparound processes often require access to non-categorized funds, which are monies not tied to a specific program or service. Only when the dollars follow the family and child, instead of the family and child going where existing services are funded, can a child's unique needs be truly met.

A table summarizing commonly understood differences in values between the conventional model of service delivery and the Wraparound process follows. A standard, albeit simplified, view of the different approaches is that in the conventional model, the professional is the authority, and, most likely, the parents are the problem. When children experienced problems, they became the "property" of the professional

agencies and were often removed from their homes and their communities. The progress toward more family-centered approaches (such as Wraparound) have involved the progressive empowerment of families, from being present to being partners to being the heart of the team.

	Conventional Model	**Wraparound**
Source of solutions	Professional	Family, with input from professionals on their team
Authority	Agency has power over dependent client.	Agencies and families are partners/collaborators, and the family drives the decision-making process wherever possible.
Orientation	Isolating and "fixing" a problem viewed as residing in the child or family	"Community ownership" of child and family—a whole-community response to their needs
Assessment	Deficit oriented	Strengths based
Planning	Agency driven	Child and family driven; individualized through a team-based process
Service availability	Limited by agency's menu and professional convenience; often clinic based or otherwise "place based"	Creating and tailoring whatever services and supports the child and family need; often home or community based
Funding	Reimbursement for categorical services	Pooled funds from multiple child-serving agencies, not tied to categorical services
Outcomes	Based on symptoms	Based on goals articulated by the child, the family, and their team

The progressive values that are at the heart of Systems of Care have become a *sine qua non* for the Wraparound process. Among those who developed the Wraparound process, there is some consensus that if the values are not adhered to, then it is not "true Wraparound." This is not to say that it is always easy or straightforward to adhere to the values of the Wraparound process. Several of the stories in this volume depict struggles to realize the ideal of always placing a youth in the community or always letting a family drive decision making. The ideals are very clear, but the reality can sometimes be more nuanced.

To understand Wraparound in the context of community mental health, it may be helpful to distinguish among the levels at which Wraparound and Systems of Care operate. A System of Care is a network of services and supports that exists at the *community level*. Wraparound is a process for planning and individualizing services for child and family at the *individual level* and is a way to implement a System of Care. The two are consistent in their values and are mutually supportive. For clarity, we will untangle the elements of the individual Wraparound processes from those of community-wide service systems in tables

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that are included at the end of each story. These tables summarize the ways in which the values of Wraparound were implemented for each child and family as well as the ways in which each community implemented the core values of its System of Care.[xii]

One theme that characterizes Wraparound's progressive flavor has been its emphasis on *community development*. Vera Piña, the Clinical Consultant to Wraparound Milwaukee, told us,

> *This is all leading us into* community. *Child welfare couldn't do it alone, the courts certainly can't be parents to these kids, probation can't do enough, neither can mental health. Never could. And the schools can't do it alone. So you have the systems... and even if all those are working together, they can't really do much without the support and commitment of the community, which is where people live, and are there for their long lives. We need the community to stay in charge of the institutions, not the other way around.*

Bob Jones, a Wraparound Project Director from King County, Washington, also commented on the importance of community: "Our concept is that people need to be involved in their communities and the communities need to take responsibility for kids and families. With the appropriate work, we can develop the types of resources needed to get that done."

WHY THIS VOLUME IS DIFFERENT

This volume in the *Promising Practices in Children's Mental Health* series represents a departure from its companion volumes in a number of ways. First, the ordinary content of a volume would include an original literature review related to a particular issue, typically presenting the evidence base for certain promising practices. The work then would present information from site visits, showing how grantees in the *Comprehensive Community Mental Health Services for Children and Their Families Program* have developed or implemented innovations related to that issue. This volume does not follow this pattern. We are free to depart from this mold because this volume follows a scholarly work on Wraparound produced in 1998 by Barbara Burns and Sybil Goldman.[xiii] That volume made contributions in five areas:

- The history of the Wraparound process
- A review of the (currently small) literature base evaluating the impact of the Wraparound process on child and family outcomes
- A set of three case studies of communities implementing the Wraparound process
- A survey of states and territories to estimate the extent to which Wraparound has spread
- The results of a focus group of experts on Wraparound convened to develop consensus on the definition and core elements of Wraparound

It is the contribution made in this last area—the core elements of Wraparound—that most powerfully informed this current volume. We will review these core elements later, in this chapter's "Methods" section.

The purpose of the present volume is to take the earlier monograph a step further. Now that we have a context and a working definition of the Wraparound process, it is our intent to illustrate this knowledge with in-depth, rich descriptions not of "sites," but of children and families who have been a part of the Wraparound process in grant communities. Our model in this work was the seminal book *One Kid at a Time*, by John Burchard, Sara Burchard, Robert Sewell, and John VanDenBerg.[xiv] This book told how the Wraparound process worked with 10 children with severe behavioral and emotional problems who received services through the Alaska Youth Initiative Demonstration Project from 1986 to 1991. *One Kid at a Time* paints a vivid picture of what it looks like to do whatever it takes to support and serve children and their families as they either return to their communities from residential services or avoid placement in them altogether.

Since the publication of that book, the infrastructure of Systems of Care that support a Wraparound processes has improved dramatically. The Wraparound process is being implemented by increasing numbers of communities, is supported by more and more state agencies, and is being written into managed care contracts. With funding support from the Federal Center for Mental Health Services, other government agencies, the Robert Wood Johnson Foundation, and others, communities have increased the degree to which their child-serving agencies work together to meet the needs of children with serious emotional disturbance and their families. In more and more of these communities, philosophies of service are becoming more closely aligned with the Wraparound process. For their 1998 *Promising Practices* volume on Wraparound, Burns and Goldman conducted a state-to-state survey; the 24 states that provided information on the number of children served reported that more than 90,000 children were being served through Wraparound processes. Because 43 states and territories indicated that they were providing "Wraparound services" of some type, the true national number of children served may be 150,000 or more.[xv] Because of these advances in the environment surrounding Wraparound since *One Kid at a Time*, leaders at the Federal Center for Mental Health Services' Child Adolescent and Family Branch decided to update the earlier work. This volume represents this update.

METHODS

The work represented in this volume was guided in its conceptualization by a panel of researchers, practitioners, administrators, advocates, family members, and youth with intimate knowledge about the Wraparound process. (We have included a list of the members of the expert panel as Appendix A.) This panel agreed that the mission of this volume should be to identify places where "true" Wraparound processes are happening and to tell honest stories, without "Hollywood endings," describing the very real struggles faced by those served by and those working within the Wraparound process.

We began by writing to every grant recipient in the federal Center for Mental Health Services' *Comprehensive Community Mental Health Services for Children and Their Families Program,* asking for nominations of families to be featured in this volume. We worked to balance nominations across different community settings (urban, small city, rural), recency of services (featuring some families still intensively involved in the wraparound process), age of youth, gender, and ethnicity. We also wished to feature stories from families who have faced a diverse set of challenges. When we obtained an appropriate nomination, we contacted the family to secure informed consent to participate in this project. After receiving consent, we scheduled visits to their communities and interviewed, individually and privately, as many team members and other relevant individuals as the family could identify. Interviews were transcribed verbatim, so that as much as possible, the stories appearing in this volume could be told through the voices of those truly engaged in the Wraparound process.

The questions we asked in the interview followed a conceptual model developed for this project. At the heart of this model is the Wraparound process, which we operationalized as the 10 core elements identified in the focus group convened for last year's volume on Wraparound:

- Community based
- Individualized and strengths based
- Culturally competent
- Families as full and active partners in every level of the wraparound process
- Team-based process, involving the family, child, natural supports, agencies, and community services
- Flexible funding and flexible, creative approaches
- A balance of formal services and informal community and family resources
- Unconditional commitment
- An individualized plan of care developed and implemented on the basis of an interagency, community-neighborhood collaborative process
- Outcomes determined and measured

We also asked some questions about the quality of the services provided through the Wraparound process. Finally, we asked about outcomes, to the extent they were known, and about respondents' opinions on the future needs of the family and team. We include the Conceptual Framework for the monograph as Appendix B.

THE CHAPTERS IN THIS VOLUME

The six children and families who were nominated and who agreed to participate in this project represent a range of issues related to Wraparound. In the six chapters that follow, we will meet the following children and youth, and learn the stories of how their families and team members supported them by using the Wraparound process:

- A 19-year-old young man from Rhode Island, who was adopted out of the foster care system along with his older sister. Both he and his sister faced serious emotional and behavioral challenges growing up, and both benefited from the outstanding advocacy of their mother, who is now also a Wraparound coordinator. The System of Care infrastructure and Wraparound processes were not in place to support his sister, but were for him. The time spent in-home as opposed to out-of-home and the sense of connection to their family varied greatly between the sister's and the brother's experiences.
- A 17-year-old youth from North Dakota who has been connected with his tribal traditions as part of an effort to move away from a life troubled by drugs, alcohol, and domestic violence. This youth's story illustrates the close parallels between the values of Wraparound and the values of traditional Native American culture.
- A 7-year-old girl from a suburb of Seattle, Washington, who, after removal from her mother's custody (along with her two sisters) because of neglect, was raped while in foster care. After that incident and the emergence of some severe negative behaviors, she was placed in residential treatment for six months. In the five months since her release to her grandmother's care, King County's Blended Funding Project has allowed direct access to dollars that it might otherwise have spent for more restrictive forms of care, and the grandmother's ability to take charge of her granddaughter's care has led to strikingly positive short-term outcomes.
- A 13-year-old boy from Ohio, who is challenged by the Tourette's syndrome triad of severely impulsive behavior, obsessive-compulsive symptoms, and tics. His mother has maintained him at home and in his neighborhood school with the support of her Wraparound team. The family expects to be engaged in the Wraparound process far into the future.
- A 16-year-old girl from Vermont who has a history of sexually abusive behavior toward peers and younger children. After three years of involvement in Wraparound, she has avoided residential placements, is on the honor roll in high school, and is doing very well in a foster home placement. Her involvement in Wraparound is ongoing.
- An 18-year-old youth from Milwaukee who came to the attention of service providers through the juvenile justice system. His capacity to form attachments and build relationships helped his team overcome a lack of involved family members and the youth's own anger. After about a year and a half, he was recently disenrolled from Wraparound. He is now living on his own with friends and works full-time at a factory.

The children served by communities in the *Comprehensive Community Mental Health Services for Children and Their Families Program* exhibit a full range of strengths and needs. When we asked for nominations of families to be involved in this volume of the *Promising Practices* series, we asked for instances where the course of service delivery was both *successful* and *instructive*. Not surprisingly, the children and families featured in this volume tended to represent the tougher, more challenging to serve families. In fact, three of the six children in this volume (50%) have had issues with sexually inappropriate behaviors, which are some of the most difficult issues to deal with safely in a community setting. These

children are *not* typical of the children served by the program nationally, where 7.5% have issues related to sexually inappropriate behavior.[vi] However, the stories included here suggest the potency of an effective Wraparound process, which is an appropriate approach to service delivery for any child. By presenting stories of the "toughest" challenges, we hope to represent the range of creativity and innovation exhibited by those engaged in the Wraparound process.

The final chapter in this volume is a cross-case analysis. The purpose of this chapter is to integrate and summarize the observations and lessons learned from the six Wraparound stories. The primary question guiding this qualitative analysis was the following: With providers implementing Wraparound processes in diverse regions and communities; with children experiencing different emotional, behavioral, and safety issues; and with families struggling with unique and multiple needs, what common themes emerge as a result of being guided by the core elements of a System of Care?

It should be noted that we have taken precautions to protect the confidentiality of the children and their families. Some names and details have been changed to minimize recognition of the individuals who have so graciously agreed to share their stories with us. Unfortunately, the potential for discrimination based on a history of mental health or other problems is still quite real. Just as confidentiality is critical in the therapeutic process, it is honored here in this volume.

The six stories presented in the following chapters are accompanied by supplemental information presented in boxes. Some readers may wish to hold off reading the boxes until the end of the story. Others may wish to learn more about an issue at a point in the story when it may be most relevant. Though these sidebars may distract some readers, our intent is to provide additional material outside the narrative of the stories that nonetheless adds to the understanding of the Wraparound process.

Finally, the authors sincerely thank the families, children, youth, advocates, service providers, and administrators who took part in this project. We hope that by telling these stories, we might shine some light on what is possible when Wraparound processes are used to implement services and supports within a System of Care.

ENDNOTES

[vi] Clark, Hewitt B., Prange, Mark E., Lee, Barbara, Stewart, Elizabeth Steinhardt, McDonald, Beth Barrett, & Boyd, L. Adlai (1998). An individualized Wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study (pp. 513–542). In Michael H. Epstein, Krista Kutash, & Albert Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Best practices*. Austin, TX: Pro-Ed.

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[iii] Evans, Mary E., Armstrong, Mary I., Kuppinger, Anne D., Huz, Steven, & McNulty, Thomas L. (1998). Preliminary outcomes of an experimental study comparing treatment foster care and family-centered intensive case management (pp. 543–580). In Michael H. Epstein, Krista Kutash, & Albert Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Best practices*. Austin, TX: Pro-Ed.

[iv] Definition adapted from the one developed at the focus group organized by Barbara Burns and Sybil Goldman for their monograph: (1999). *Promising practices in Wraparound for children with serious emotional disturbance and their families. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume IV*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

[v] Germain, Carel B. (Ed.) (1979). *Social work practice: People and environments, an ecological perspective*. New York: Columbia University Press.

[vi] Hobbs, Nicholas. (1982). *The troubled and troubling child*. San Francisco: Jossey-Bass.

[vii] Bronfenbrenner, Urie. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

[viii] Rhodes, W. C. (1967). The disturbing child: A problem of ecological management. *Exceptional Children, 33*, 449–455.

[ix] Minuchin, Salvador. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

[x] Hobbs (1982), 14.

[xi] Stroul, Beth A., & Friedman, Robert E. (1986). *A system of care for children and youth with severe emotional disturbances*. Washington, DC: Georgetown University Child Development Center.

[xii] We are indebted to Pat Miles, a consultant from Portland, Oregon, for clarifying this distinction.

[xiii] We are indebted to John VanDenBerg for suggesting and designing these tables.

[xiv] Burns & Goldman (1999).

[xv] Burchard, J. D., Burchard, S. N., Sewell, R., & VanDenBerg, J. (1993). *One kid at a time: Evaluative case studies and description of the Alaska Youth Initiative Demonstration Project*. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

[xvi] However, it should be noted that a wide variety of child-serving programs have adopted the "Wraparound" name, many of which do not genuinely adhere to the values and core elements described in this volume.

[xvii] This figure is based on caregiver reports provided to ORC Macro as part of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, reported to us by Dr. Wayne Holden.

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CHAPTER 2: BLENDING A MOTHER'S ADVOCACY AND THE WRAPAROUND PROCESS IN RHODE ISLAND

The early September sunlight flashes off the stunningly clear water in Narragansett Bay. Brightly colored buoys dance in the choppy water, marking lobster pots. Half a dozen fishing boats and numerous leisure craft populate the bay, and huge freighters can be seen in the distance heading for Long Island Sound. The broad sandy beach is empty—children are back in school.

Less than half a mile from this spot is Narragansett High School, where Pete, 19, is beginning his senior year. He lives on his own in an apartment within walking distance of the school and not far from his family's home. The individualized services and supports that were designed for him helped him get to a point in his life where he is poised to succeed. The principal agent in his Wraparound process, his strongest and most tireless advocate, has been his mother, Marsha.

Marsha has a unique perspective on Systems of Care and the service infrastructure that Federal grants can bring to a community. Her daughter, Cathy, now 21, had an adolescence as filled with challenges as Pete's, and Marsha advocated for Cathy as strongly as she did for Pete. But Cathy's needs arose before the grant was in place. Pete benefited from a Wraparound process in a System of Care; Cathy did not.

Further, Marsha's views extend beyond her experiences with her own children, because for the last four and a half years, she has worked as a parent liaison for the school-based Project Wrap and as one of the two Family Service Coordinators for the local System of Care initiative. She also sits on the initiative's governing body. She is preparing to visit other regional initiatives to conduct training on child and family teams, and she will soon present at a national conference. She is fortyish, trim, with a husky, commanding voice. She swears that she used to be a shy person, but she is so clear and confident in what she says that it is hard to imagine her as anything less than formidable. Rob, Pete's therapist, said that Pete "was involved in Wraparound before there was a Wraparound. Marsha was creating it before it actually happened. She was basically the case manager. Before she got the job, she knew how to do it." This chapter is the story of how she learned.

OUT OF FOSTER CARE

The central fact of Pete's life is that he was adopted. When asked about his life story, it is where he begins. He doesn't remember much at all before coming to live with his mom, and perhaps that is just as well. Pete's birth mother was 14 and living in a home for unwed mothers when she had his sister Cathy. She

was 16 when she gave birth to Pete. Both children were removed from their parents shortly after birth because of neglect and abuse. Their birth parents faced many challenges: both been foster children, and the 16-year-old father was living in a group home at the time Cathy was born.

Who's Who in the Story of Pete's Wraparound

As an aid to the reader, here is a list of the people involved and the roles they played.

Family Members	
Pete	The youth, age 19
Cathy	His sister, age 21
Marsha	Pete and Cathy's adoptive mother
Frank	Pete and Cathy's adoptive father
Chris	Marsha and Frank's birth son, age 16
A nephew	Marsha and Frank's first foster child, age 21
Service Providers	
Rob	Pete's therapist
Ron	Pete's in-home therapist
Cynthia Gardner	Marsha's parent advocate and co-worker
Cynthia Wilder	Social Case Worker, Adoption Services Unit, Department of Children, Youth, and Families
Administrators	
Sandra Keenan	Administrator of Special Services, Narragansett School District

Pete and Cathy came to Marsha and Frank Smith as foster children when Cathy was 4 ½ and Pete was 2 ½. Marsha recalled,

> *We were living in South Kingstown at the time and these two show up on my doorstep with the worker. No shoes, no socks, they've just got their little shorts on and their little shirts. They had nothing with them. Some of the neighbors came over. They brought them some clothes... They were pretty perky and cute little kids. Definitely a handful, but a nice handful.*

By this time, Cathy had been in six foster placements and Pete in four, with intermittent placements with their birth parents. Initially, the goal was reunification with the birth family. Marsha explained,

> *The parents had supervised visits initially and this went on for approximately two years. It went from supervised to overnight to everything falling apart and back to supervised. One time Pete came home with a great big bite mark on his thigh. They tried to blame Cathy. Cathy was always the scapegoat. Pete was the little angel.*

Following this episode, the Department of Children, Youth, and Families (DCYF) decided to put Pete and Cathy up for adoption, and Marsha and her husband Frank were able to adopt them. But for a time, visits continued. During the final few visits with the birth parents, the birth parents did not allow Cathy to accompany her brother because they blamed her for the abuse referral. Marsha described her role in ending the visits:

> *This man used to come from DCYF and they would chase Pete around the house until they got him into the meeting. And dragged him screaming and crying up to visit his parents. And Cathy was in the house throwing tantrums, kicking things. So I said, "I've had just about enough of this," I called up the psychologist, I made an appointment, and I said, "I want you to tell me whether this is going to be harmful to them." He said, "Of course it is." So I said, "You need to write a letter to DCYF and state that." So as soon as they got the letter in, that stopped. But the damage was already done. I used to think it was irreparable. I don't think it is irreparable anymore, but it is another piece of damage.*

After the adoption, life settled down for the Smith family, which included two other children—a nephew who had been with the family as a foster placement and a birth son, Chris, who was born around the time of the adoption. Marsha left her previous job and started a day care business so that she could be home with her children. As the children grew up, Frank (who also changed his employment to meet his family's needs) was involved in each of their lives as a coach. He was also Pete's Cub Scout leader.

The two children experienced the post-adoption period differently. Cathy recalled life with the Smiths: "Back then we always did everything together. We would always go over to our grandparents' house. Everybody is really close and that was strange to me. I remember big things like family outings. It was nice, I remember feeling happy for once in my life." Marsha's views were similar: Cathy "wasn't too much trouble between 6 and 12," Marsha said. "Cutie thing. Perky, spunky. She was in Girl Scouts." With her adoptive father as a coach, Cathy became an all-star catcher for her softball team.

In contrast to Cathy's relatively calm childhood, Pete (according to Marsha) "had a really difficult time. You couldn't get him into cars. Once he was in a car, you couldn't keep him still—he was continually fidgeting." Marsha describes Pete as being like a "Tasmanian Devil—stuff blowing all around him, not to break things, but just stuff going all over." Whereas Cathy would have long stretches of calm behavior marked by periodic outbursts, Pete was "just constant. Continually annoying. He would just do stuff because he wanted attention, but he was going about it the wrong way."

Pete's school records show intervention beginning in first grade because he had visual attention, visual memory, visual perception, and motor deficits. "His attention deficit interferes with his academic and behavioral progress," stated the record. Pete recalls being involved in counseling continually from roughly age 8.

CATHY'S EXPERIENCE WITHOUT WRAPAROUND

Cathy is petite, blonde, and pretty. She is articulate and obviously bright. She lives in a duplex about half an hour north of Narragansett with her fiancé. She smiles watching her two toddlers play with toys as the PBS show *Bear in the Big Blue House* plays in the background. She talks about her history with openness. She accepts her past because it is what brought her to her present life, which is very satisfying to her.

Cathy said that around the time she entered puberty, her behavior became very challenging. She recalls, "I was above average and bored. So I never went to school, I'd always skip school." At home, her anger was mostly directed at Marsha. "Most of my teenage life was spent in group homes, like in Providence, or running away for three or four months… I wanted to be home. I just didn't know how to behave or get along with my mom."

Cathy could be violent during her outbursts. "She almost pushed me out a window," Marsha recalled. "She got much more violent than Pete. Cathy didn't have control at the time. The more she would do it, the larger the rift was growing between us because she was afraid to hurt me and I was afraid of hurting her and she was actually stronger than me, so we couldn't do this anymore. My husband couldn't go to work and live in peace. It was a pretty bad situation."

A bad situation was almost made worse when Marsha tried to get residential services for Cathy, and the Department of Children, Youth, and Families demanded that in order to pay for this service, the Department would have to take custody of her. Marsha recalled,

> *I fought really hard with the state. They were going to make me sign custody papers over to the state for Cathy. If I had done that, I think I would have lost Cathy and our relationship, which certainly hasn't happened. We have a wonderful relationship, because I fought that. They would have had to drag me off to sign papers. I told them no, I have an adoption subsidy agreement and it states, "any and all reasonable costs of medical, psychological or psychiatric services." They said, "Well, not residential treatment. Medical expenses don't mean overnight care." And this is exactly what I said to the lawyers: "Oh my God, you mean to tell me if my daughter is in the hospital with a medical problem like cancer, it doesn't cover her overnight costs at the hospital?" And the lawyers went, "Oh wait a minute," and they went and talked in another room and they came out and they said, "You're right, it is covered." As quickly as that. So I finally got her in the right place. And it worked for then, but there was still no support when she came home.*

Any lack of support for transition back to the home was not for lack of trying. Marsha pursued every avenue she could imagine to secure in-home supports for Cathy. "Cathy saw me getting torn up. I was trying to advocate for her, and basically I felt like I was being slammed on the floor and stepped on about 42 times. That was my experience."

Marsha's inability to get in-home support had powerful consequences. Cathy was not home much at all after age 12: Cathy said that between ages 12 and 16, "I might have been home a month out of those four years, completely. On weekends I'd come home, but sometimes I wouldn't. Most of the time I'd be running away because group homes are not nice places to stay." At 16 ½, she ran away from the last group home she was in. She lived in "a hotel kind of thing" with friends for a while, then met a boy and moved in with his family. Six months later she was pregnant with her son, who is now 3.

Cathy believes that with supports provided through a Wraparound process, her experience might have been different:

> *When I was a teenager, I was very difficult. I was sent off to boarding school for about a year and a half and then I got sent back home. And I was in the training school. I think it's not fair because I was the one sent off. When we were younger, if we had a problem in the foster home, we were sent away. But with Pete, he's had mentors come into the house, which has helped him a lot. I have issues, but with Pete he was still kept in the home, my mom had that extra help... If someone was there to mediate me and my mom's fights like they were with Pete, I would've been home like him.*

Fortunately, Cathy is a survivor, not only of the group home system, but also of running away. Her resilience is exemplified by her formula for running from group homes: "I wouldn't know where I was, but I would always find some girl who knew Providence and had a cousin in the middle of nowhere. We would go and stay there for three months. It's not like I was ever on the streets. I always had a bed, I always had a roof over my head. But it would be in a stranger's house."

PETE'S WRAPAROUND PROCESS

Pete strongly resembles his sister Cathy. His blond hair is a little darker, and he wears it very short and neat. Pete and Cathy share a difficult history, but they do not share Cathy's resilience. Cathy suspects that Pete might not have survived the group homes. Cathy observed,

> *I honestly think that if Pete went through group homes, he wouldn't be here right now. I don't think mentally he could have handled it, being away, being around these people. There's not supervision in those places, and he'd end up in a lot more trouble than he was, probably into drugs and everything else. I don't think he could handle being taken away from his parents again. That's what it's like. That's what I felt. I honestly don't think he could have handled that.*

Marsha agrees: "[Pete] wouldn't survive, he'd probably be dead." When asked why, Marsha gave an example from one time when Pete was briefly in a group home: "Pete would do things that would put himself in jeopardy. There were kids that had pot hidden somewhere, and he told on them, and they all got in trouble. So the kids were going to beat him up." Fortunately Pete, whose emotional and behavioral needs

were even greater than Cathy's, did not have to live in group homes—he and his family received individualized services and supports that helped keep him at home, and when he was not home, attached to the home.

As Pete talks about his history, his mood is not very happy, sad, or angry. He recalls that he was 12 the first time he was hospitalized: "I didn't feel like living. I thought I was worthless. I mean, my [birth] family basically told me I was because they gave me up. When I went to the hospital it was kind of scary at first then I realized, I was talking to people and I was just like them." Pete felt both safe and comfortable in the hospital. He said, "Whenever I go to the hospital I fit in with people excellent—the other patients I mean. There is one lady who invited me over for Christmas with her family and she took me to baseball games. It was awesome."

Repeat hospitalizations precipitated Pete's Wraparound process. Marsha recalls,

> *Pete kept going to the hospital. He was there 30 days or more. This was probably on the third, fourth hospitalization of over 30 days in length. Anytime something happened, Pete would go to the hospital. It was safe, it was structured. He had been doing things like starting to jump out of a car while it was going, different types of things, so he could go.*

That Pete wanted to be in a hospital should not minimize the seriousness of his behavior, however. Clinical records show a high level of concern about Pete's suicidal ideation and self-injurious behavior.

Marsha wanted her son to be safe, but she also wanted him home. The struggle was to get what she wanted. She picked up the phone book, and started making calls.

> *I must have made 200 to 500 phone calls. I called up the child advocate's office, every social service. I kept telling everyone what I was looking for and why I needed it. I finally got someone who said, "Does he have Medicaid?" I said yes, and they said that he might be able to get in-home services, but the state had really only utilized that for kids with severe medical problems, mental retardation, developmental disabilities—those areas. It wasn't really being utilized for kids with emotional or psychiatric issues in this state.*

Once Marsha learned that a mechanism for funding in-home behavior management for youth existed, she pursued her goal with zeal. She learned that she needed a referral from Project Reach,[1] the new local System of Care. While Pete was in the hospital, Marsha worked with staff to write a behavioral plan for him. The plan was approved, and staff members were willing to work with Pete, but the hospital could not administer the plan from Providence. Marsha had to find another agency. At this point, the supports provided through the newly initiated Wraparound process were crucial for her. "I couldn't have done it all alone at this point. The amount of stress that was going on in the home: I had both kids acting up at that time."

Records at Project Reach show Marsha's initial referral on December 13, 1995, with the first team meeting on February 2, 1996. The team met every two to three weeks while they struggled to implement Pete's plan. Pete's initial plan of care was a testament to flexibility and creativity. The agency administering Pete's clinical plan had to be authorized to receive Medicaid reimbursements. The Association for Retarded Citizens (ARC) of South County was willing, but was not connected to Medicaid funding. The ARC went through the process, and four months later, the plan was in place. Marsha reflects on this success and the impact it has had in the community: "Pete was the first one that I know of in this area, and now it has exploded. [Now] there's a lot of kids getting EPSDT[ii] services and in-home behavior management." Marsha's advocacy, with the support of the Wraparound team, *created* the administrative mechanisms that made in-home behavior management for children with psychiatric disability possible in Rhode Island.

Once the plan was in place, the seat of planning moved from Project Reach to the EPSDT team, which consisted of Marsha, Pete, Pete's therapist Rob, school personnel, and whoever else was involved on a daily basis. This group met monthly. Marsha believes that parents can and should take the role and responsibility to gather people. "It doesn't take a rocket scientist to figure out that you need to occasionally meet to communicate," Marsha said. "So that's what has happened. We've had a lot of communication over the years and that's one of the big things that has helped."

What was in the plan that kept Pete out of the hospital? Pete's outpatient therapist, Rob, explained that the plan was based on providing options.

> *We contracted with an agency to send him to a group home for respite as opposed to the hospital. We also had a contract in the early stages where we asked, "Do you need to go to the hospital? Are you unsafe? We will give you a bodyguard." So there were some big people from mental health coming in and staying in the home 24-7 for three months out of the year.*

Marsha elaborated on the reasoning behind the in-home staffing plan:

> *Once Pete calms down and he has a lot of people around him, he's fine. So he would be calm. We could even do double staff to keep him at home. We never had to go there. Even if we couldn't get staff until that night or the next day, Pete could still go into the hospital, but come home in a day or two with 24-hour-staff coverage for maybe three or four days.*

The in-home behavior plan was undeniably successful: Marsha estimates that in the year and a half before the Wraparound process began, Pete had "about 80 days of hospitalization and once [Project Reach] got involved, in the two years following that it was maybe 25. That is pretty dramatic. He was doing really well."

PETE'S NEEDS AND THE CHALLENGE OF A "CLINICAL ENIGMA"

Rob, Pete's therapist, is earnest and straightforward. A service provider on the Wraparound team described him: "He was good, Rob. A very straight shooter with Pete and Pete knew it. Pete couldn't pull anything over his eyes. Rob would just tell Pete how it was." Pete agrees that Rob is good—he rated his experience with him as "very helpful."

Rob is the clinician who knows Pete best. He did his first evaluation with Pete in early 1996 and collaborated in preparing Pete's first EPSDT script.[iii] Later that year, Rob became Pete's regular therapist.

Rob describes how hard it was to get a clear picture of Pete:

> *If you talk about a diagnosis, he has it for five months, and then he will have another thing. He is a chameleon. He pretty much knows the DSM-IV[iv] cold. So it's always really been hard to get a clear picture of Pete, because it's kind of like nailing Jell-O to the wall. Did he have multiple personality disorder? Was it ADHD? Was it reactive attachment disorder? I mean, he's got probably 35 different diagnoses.*

When pressed to suggest diagnoses that truly describe Pete, Rob offers Reactive Attachment Disorder, some sort of mood disorder, and Post Traumatic Stress Disorder, because "whatever [Pete and Cathy] went through it must have been pretty horrible for the two of them to get put up for adoption."

Whatever the diagnosis, Rob sees Pete as having a hard time just "sitting with his feelings." He believes that Pete needs to connect with his feelings and learn to regulate them.

> *It's always been hard to get to Pete's core because he operates on a crisis mentality. There was a period where he was always dealing with a crisis, so you can't get to it. It's almost like the crisis was functional, it kept him away from doing his stuff. That's when he would end up in hospitals—when things would get quiet. He would have trouble just sitting there. So he would have to do another hospitalization, and then you would have to do another transfer of schools. You have to get past the crisis to get to Pete's core feelings.*

In therapy, Rob built on Pete's strength of natural athleticism. Rob says that Pete is "an incredibly gifted athlete but he never stuck with anything long enough to finish. He was always in the hospital." Rob found that Pete was easier to talk to when he was doing something, and so he would meet with Pete on the driving range or golf course. Golf is a social sport, and it is useful as a metaphor.

> *The first golf he ever played, he hit a birdie and a par on his first two holes. He said, "Oh, this is easy." And the next hole he had like a 12, and that's when he wanted to throw the clubs. It was a metaphor, you have to complete the whole thing, it's not just one or two holes. Pete has a lot of talents, and he expects success immediately. A lot of times he gets it, he gets it real quickly but he can't maintain it, and the moment he can't maintain it, he falls apart.*

IN-HOME BEHAVIOR MANAGEMENT: THE CORE SERVICE IN PETE'S WRAPAROUND PLAN

When a therapist spends upward of 20 hours a week with a youth, that therapist has a tremendous opportunity to make a difference. The quality of the staff matters tremendously. By all accounts, the in-home therapists who worked with Pete at the beginning of his service plan were excellent. One therapist, Ron, worked with him for over a year and a half, from fall 1996 (when Pete was 15) until spring 1998. During that time, he was a part of the family.

Ron smiles broadly when he remembers working with Pete. Ron is a 45-year-old former Marine who has had jobs framing houses, working corrections, and, currently, teaching high school social studies. He is both handsome and charismatic—the kind of person who, if you were a 15-year-old troubled boy, could make you feel lucky and special that he was your friend.

One of the goals of the in-home behavior management was to engage Pete in positive activities in the community. Ron worked with him about 15 to 20 hours a week during the school year, and every day in the summertime, doing

> *whatever he wanted to do. If he just wanted to hang out and watch television, that is what we would do. Take him to the YMCA, take him to the library, take him to the college. Just try to get him interacting with different people. I took him camping quite a few times... We became very good friends. He made me laugh. I mean, all the time. He's hilarious.*

Ron helped address Pete's day-to-day issues and needs. He worked on emotion regulation because Pete was "very moody. He'd fly off the handle every two seconds." He had regular conflicts with his brother Chris and with his mom, often over ordinary events. Ron recalls,

> *When Marsha would come home with groceries, the kids would take the groceries and just run in their rooms with the food. "This is mine, this is mine, this is mine." Marsha would have a tough time. "Pete, bring this over here." "No, last time, this person ate all of this." Pete would eat as much as he could of something that he liked or his brother liked. Just whoff it. Especially with a jug of soda. Just chug it.*

Pete also stole things. Although he mostly stole money, jewelry, and other valuables from his family and friends, Ron related a story about Pete's job at a grocery store:

> *He worked there for a day or two. One day he comes out and he has $90 on him. I said, "Pete, where did you get the money?" "Oh, these guys, they drove by in a car and one of them took this bag of money and just threw it in the bushes." I said, "Where?" He said, "Are you saying I'm a thief?" "No. It's just that, where am* I *when this stuff happens? Somebody throws $90 into the bushes. It just doesn't make any sense." Then I would leave it alone. Finally, I got it out of him that what had really happened was that there*

> *was this lady who was shopping, she left her pocketbook in the cart. Pete is roaming up and down the aisles and he took her money. He threw the pocketbook away and kept the money.*

Ron got Pete to hand the money over to him, and Marsha took it back to the store. Pete lost the grocery store job.

Marsha remembers Ron fondly: "Ron was doing in-home and he did a really good job. Pete didn't get away with anything with him. So Pete got to do fun things, but there were expectations." Cathy also remembers him:

> *Ron and Bob [Pete's first in-home therapist] were really good, really strict. "Pete, you have to do this, you have to do that." But then it wasn't a job, they were Pete's friends, they made it comfortable to where Pete could talk to them, and he could say whatever he wanted. They made it so they knew Pete. They knew that he liked basketball so then that would be an incentive. "Pete, you do your homework, then we will go play a few hoops." Pete needed that for him to get things done.*

In-home behavior management was not always so successful with Pete. After Ron moved on, Pete had other in-home therapists, as well as therapeutic recreation services that would connect him with a mentor. Most of these other staff were not as successful, and Pete admits that he manipulated them. "One guy gave me $25 a day. From the state. But he was kind of old and I took advantage of him, and I felt bad about it. Well, I didn't then, but now I do." Cathy puts it more bluntly:

> *After Ron moved away, some of the other people—Pete had them wrapped around his finger. They would do anything for him. Pete would misbehave and they would bring him a basketball. And even when he was not supposed to go somewhere, they used to take him places.*

Marsha takes a systems perspective on the problem of poorly qualified in-home therapists:

> *It's a significant problem right now in the state. People are utilizing [in-home services] and the quality staff is not there, which is going to impact dramatically how successful we are bringing kids home from out of state." Because if you don't have quality staff that is trained and paid appropriately, the services won't work.*

Marsha acknowledges that it is a tough job.

> *They need to be like part of the family, but still keep that boundary. It's a hard role. We had a few people who were very uncomfortable. You can't be in peoples' homes 20–50 hours a week, stand around, and make people uncomfortable. You need to be able to fit in, to work with both the parent and the child.*

THE NARRAGANSETT SCHOOL DISTRICT

Everyone knows that Rhode Island is a small state, but it is hard to predict how smallness will manifest itself. In a state with five counties, there are 39 school districts, each with its own superintendent, school board, teachers' union, special education system, and schools. The catchment area served by South Shore Mental Health (the lead agency in the local System of Care) has nine school districts. In two of these, Project Reach developed a school-based program in two middle schools, called *Project Wrap*. One of these schools was Pete's home school in Narragansett.

The School District as a Home, and Families as Customers

Sandra Keenan, the (former) Director of Special Education for Narragansett public schools, talked about how Pete came to feel connected to and empowered by the school and about how she tries to accomplish this for all families:

The uniqueness of this system is that—preschool through grade 12—we have full-time behavior specialists on board in each of the schools. We have a behavior specialist at the high school who has worked with Pete over the four years, who knows him well and has followed him even when he was placed outside the district. She would go to meetings with me at the outside placement, because it was always understood that this was still home, that he would be coming back, that he still had a place here. And it was just a question of *when* he would come back, not *if*. It was important that he felt that there were people here who cared about him and who wanted him to be here. And that message seemed to keep going out to him, that he knew we wanted him here, as evidenced by a phone call from a pay phone at his school from last year. He calls me from a pay phone, calls me personally, "Put me right through," he says, "I want to have an IEP meeting." And I said, "Fine, when do you want to have it?" And we set it up. But how many young adults feel that comfortable with a district-level administrator, to just say "put me through"? I think that he felt connected.

I try to get people to look at each referral that hits the table as an investment in a relationship—to get them to look at it as being for life. If a third grader is referred, then we have nine years with this family. We don't have just this week and just this month and just this year. So the teams started to look at building relationships differently. We began to look at it more as a consumer, like if the child and family is a customer and how you treat the customer really makes a difference.

Because Pete lives in a school district that organizes services and supports through a Wraparound process, he was given more behavioral supports than he would have received almost anywhere else in the state. The Special Education Director hired to direct Project Wrap was Sandra Keenan, who came from Westerly, Rhode Island. There, she had been instrumental in implementing planning centers and in-school behavioral supports for all children.[vi] In Narragansett, schools not only provided in-school academic and behavioral supports, but they could purchase 15 to 20 hours of direct, one-on-one instructional support in other life domains, which could occur in the school, the community, or the home. Schools also purchased outside counseling. All of these services not only were included on students' Individualized Education Plans (IEPs), but also were fully integrated into a broadly conceived school day. Sandra noted that in Pete's case,

> *[The school was] paying for counseling with Rob, because that's an important piece for any kid. Even though he was in different school placements, we maintained Rob's involvement, his therapy. From all the work that we do, we know that these kids in their lives can get a lot of messages about rejection and people giving up on them. It's hard enough to be told that you can't go to school like everybody else does and you have to go to a separate school. But it's even harder to have developed a personal relationship with a therapist and then have that end just because you are going to a new school placement and they happen to have therapy as part of the school program. So it was quite controversial with some of my superintendents over the years that we paid for out-of-district placements and we still maintained a relationship and paid for that therapist. But I felt that the therapist was more of a life connection, and the school placement was temporary. So Rob has been involved forever.*

Because the life domain of education was very important for Marsha and Pete, where he went to school was a matter of ongoing concern for his Wraparound team. His school placement was continually changing—he would succeed in one setting for a while, then "blow up," succeed somewhere else, and then have problems there. Within half a mile of the high school is a day school run by South Shore Mental Health called the ACT program, which tends to serve adolescents with more acting-out behavior. They were very flexible with the school district, in that the district could purchase placements for 45 days, for half days, for a specified few hours of the day—whatever it needed. Another program within half a mile is a clinical day school called the Alternative Living Program, or ALP. This one is run by a state education collaborative and tends to serve more anxious and depressed youth. Sandra summarized,

> *Pete has moved around quite a bit. He's had successes and difficulties in every setting. He had a very good stay at ACT for a while. He was probably there for eight or nine months of one of those years and actually did pretty well. Then we brought him back. He did pretty well for about a quarter, a half a year at the high school. His school performance really fluctuates with whatever's going on in his life.*

DEALING WITH BUMPS IN THE ROAD

Over the first two years that Pete was involved in a Wraparound process, he made slow but steady improvement in all areas of his life. Then in September 1998, he was contacted by his birth mother. Pete recalls,

> *I stayed over my [birth] mom's house a couple of nights and got my sister's pager number and met my dad. He's the only person I really wanted to hit in my life, then I see his size and I was like, "no." But I gave him a hug and said, "How are you doing?" He tells me straight up, "I have a family, I don't want you." So I thought, all right, I haven't seen you in 16 years, it doesn't bother me. After he left, my mom told me, "Meet me outside Saturday at 10 o'clock." Well I wait outside from 10 o'clock until Sunday. I haven't seen her since.*

Pete was devastated by this loss.

I mean, I went to her house, she showed me my room for when I turned 18, a car, everything. It was all like a dream. She bought me a bunch of stuff. She was like, "Want shoes?" I was like, "Why not." She was like, "Want a pair of pants?" "Yeah sure." She did this all to please herself and then she took off because she felt better. I didn't know you could be abandoned twice.

Cathy also met their birth mother during her brief reappearance and came away with a much different flavor of disappointment. "The third time she came over she actually asked me if I could get drugs for her. So right there, I was like, 'I want this woman out.' Pete and I would have been a lot worse off if we had lived with her, because she is just not a role model."

Marsha talks about the impact that this visit had on Pete and his progress in Wraparound:

His birth mother is really a major complicating factor in all of this. We were just transitioning him back to the high school again. Pete got retraumatized, and everything fell apart. By December, he was an absolute wreck. Just becoming more and more violent, throwing things. He could have hurt someone. He wanted no part of me because I was not his birth mother. He would threaten me. He'd be right up in my face with his fists. Punching the walls. It's amazing he still has a hand left.

Finally he got really angry one night and he broke this plastic picnic table in the back yard. So I called the police, like I told him I would if he damaged any property. I need to follow through on whatever I say. So the police came and he was mad, he didn't want to apologize. He called the hospital so he could get himself admitted. They refused to admit him because he intentionally did it. So he was arraigned in court on breaking the picnic table. The judge was really good. Pete was on his high horse and said he wasn't coming home. Fine, if he's not coming home, he'll go into shelter placement. So he went, but he went with a one-on-one [aide]. I explained he had a large level of need. We called the team together and we met. I learned about Gould Farm, an alternative living placement. The school and everybody were supportive about that. I used his adoption subsidy to fund that and [Project Reach] helped me out. I had to come up with $500 or $600 they wanted up front. [Project Reach] funded that piece. So we got him off to Gould Farm instead of being in shelter placement any longer.

Marsha's advocacy kept Pete safe in a shelter placement, and the Wraparound process made other options possible. While he was away at Gould Farm, Pete was still connected to his family and his support system—Marsha, Rob, Sandra, and others.

For the following school year, Marsha believed that what Pete needed most was a placement away from home, but in a "normal" setting. She believes that,

with kids that are adopted, sometimes at certain ages, it is really uncomfortable for them to live in a family environment. He keeps misbehaving, so I will keep taking care of him. It would be therapeutic for him to be away from me. And not in another family type environment, in more like a school environment or something that was non-family.

This vision was not easy to achieve. Pete had turned 18, and many placements would not consider him. Marsha did her own research and discovered the Boston University Residential Charter School, or BURCS. This school met the criteria of being licensed and accepting Medicaid reimbursements, but at first, they did not want to accept Pete because of his significant psychiatric issues. "Have you read his files?" asks Marsha. "He looks like some monster from the Black Lagoon. I hate files." Team members got together and wrote letters of support for his admission and called the school to allay concerns and soothe anxieties.

Marsha's next step was to work with Cynthia Wilder, her contact at the Department of Children, Youth, and Families, to secure funding for this out-of-state placement. Cynthia remembers,

> *The Narragansett school district funded the education piece and we funded the residential clinical. It was a beautiful place—the school was in an old monastery. I went to the treatment meetings and IEP meetings, and the two-hour trip was a nice ride. Best of all was seeing the progress and growth Pete made there.*

Once again, Marsha's advocacy combined with the Wraparound team's support secured Pete a placement in a normalized facility that would both address his academic needs and keep him connected at home.

Sandra Keenan adds,

> *I have to say that it was the best placement of all for him and we only wish we had found it sooner. But it's a charter school. It never came up on any searches. When I would go out and look and would interview the state meeting facilities, it never came up. Marsha found it on the Internet. Thanks to her diligence, she found it. It was more of a prep school but with a real tolerance and clinical support for kids that had emotional and behavioral difficulties.*

Unfortunately, BURCS closed down in 2000 because of budget cuts in Massachusetts. Marsha and the team were very disappointed because of the tremendous gains Pete made there—both educational and therapeutic. Through this transition, too, the Wraparound process supported the family.

Since coming home from BURCS, Pete has done pretty well. He lived at home for the summer and had a bumpy adjustment to the rush of freedom. At the beginning of the current school year, he moved into his own apartment, which he shares with a college student. Four days into the school year, Pete convened his own IEP meeting, which he also ran. Sandra reports,

> *He made some conscious choices that he was too overwhelmed with a full schedule, that he needed to move more gradually. He plans to have meetings to negotiate with all his teachers—getting his work, checking in, and producing some of the work on a different schedule. Pete is going to try real hard to make it work.*

BLENDING A MOTHER'S ADVOCACY WITH WRAPAROUND SUPPORTS

There is no question that Pete has come a long way. His sister, one of his toughest critics, states that "he's a completely different person than he was just two years ago." His brother Chris said, "I didn't like Pete much before he started getting the mentoring. He has just learned when enough is enough. He has matured and has more self-control."

What do care providers say made the difference for Pete? Cynthia Gardner, the other Family Service Coordinator along with Marsha in South County (and also a mother of a child with mental health challenges), said, "What helped? Number one, Marsha is just an incredible advocate. Pete was the first one in South County, and I think in the state, to get EPSDT in the home [for psychiatric service]. Marsha was doing this work with her own son at a very high level for a long time." Cynthia Wilder, from the Department of Children, Youth, and Families, agrees: "[Pete] has Marsha. That's the best way to describe it. He has a mom that was out there and looked for anything and everything that was available in the community, and started doing her linking." Pete agrees. He has twice nominated his mother for Rhode Island's Jefferson Award and is already making plans to thank her at his graduation ceremony next spring.

Marsha understands that she entered the Wraparound process with a lot of skill, but she credits the Wraparound process with supporting her and making it possible for her to use her skills: "[Wraparound] has given me the strength and confidence to be at discharge planning meetings and stand up to doctors when medications weren't helpful." She adds,

> *I'm probably not the norm. I'm pretty strong, and I've been able to access things. I have a really good support system, and* still *everything was falling apart. I might not have made it through. But I'm fine if I talk to people. That's the thing I didn't have as a parent before, was someone to talk to. I'm not alone.*

Marsha also notes that as a team member, she was treated with more respect by professionals. "Before, with Cathy, it was like 'Who are you? You are only her parent. *You* don't know what she needs. Do you have a clinical letter stating this?'" In contrast, with the support of a Wraparound team, Marsha was more successful in having her needs for her children heard: "Instead of Medicaid getting one call, the whole team would call. 'Look, he needs this,' or everybody would write a letter. So there was support from a group of people, instead of just having me say it. We could move quickly when things needed to get done."

Cathy, who did not benefit from systemic supports beyond her mother's strong advocacy, sees a clear role for a Wraparound process in her community:

The Importance of Trust in Building a System of Care

Sandra Keenan, the Director of Special Education for the Narragansett School District, has been involved in planning and implementing a local System of Care for the past 10 years. She talks about the role of trust in the evolution of these systems:

In [System of Care meetings], I took a hard line with the role of schools and what was the school's responsibility and what was others' responsibility. What we needed to do was to get everybody anteing up and owning what was their piece. The whole difference is communication. If you sit in the meeting and you say, "the school won't pay for that" —and that's all you say—then what you're saying is the school doesn't value that as part of a child's program. The school won't pay for that and we are not even willing to talk about how to make it happen. It really puts up all sorts of walls and barriers.

A different way to approach it is to say, "How can we, as a group, get this funded? I'm hearing loud and clear from this team that this is a service that this child needs. Let's think about this." So you become a facilitator, and what we are able to do is, mental health can fund this part of it, so and so can fund this part of it. But that can't start for two months. Then we are willing to jumpstart it and to pay for it for eight weeks until this kicks in. That's a whole different discussion than, "We are not going to pay for that." I think we got very good at advocating for what we do well and what was our role and what wasn't and building trust. If you don't have that trust yet, it's a whole different level of negotiating and talking about services.

I think that it's a major philosophical shift, not a "we against them" kind of feeling, but this feeling of working together. And once you have that trust, it's like a domino. It opens up this whole pull-down menu, this whole menu comes down and all of a sudden you can go after different dollars because you are working together. It was to this school system's advantage for me to go after different dollars. Because not only did the child benefit, but the system benefited in that the child performed better, they did better on their academics—I mean, everything is better.

I still believe that if you don't develop those relationships and you don't build trust then, as much as you want to hold it together, [the whole System of Care] is just going to fall apart and disappear.

> *There's thousands of kids right now in DCYF custody who are going night to night to night just because they can't get along with their moms. You know, if there's somebody there to mediate, then they could be at home. Their moms could still go to work instead of having to quit their job because their kids are out of control.*

In the Wraparound process, not only are parents supported, but youth are supported as well. Ron Martin said,

> *I remember going to meetings with Rob, his mom, Pete, and the counselor from school, and we'd be sitting there waiting for the meeting to start. And I'd say Pete, look around, look how many people are in your corner. You really have to think about this. Everyone here is going to bat for you. There would be like eight or nine people.*

When Pete looks into his future, the life he sees for himself is strongly anchored in the life he has led. He said, "What keeps me going is that I want to be like my mom. She helps other families and she still manages to maintain hers. And hopefully, I'm going to have a big enough house so I can have foster kids. And adopt them." You want to be like Marsha? "She is awesome."

How the Values of the Wraparound Approach and of a System of Care Were Fulfilled

For Pete: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was Fulfilled
Community based	The principal goal of Pete's Wraparound process was to keep him out of the hospital and maintain him safely at home. This effort was largely successful. However, for his junior year of high school, he lived two hours away at a residential charter school. This placement met many of his educational and therapeutic needs and was widely regarded as very appropriate for him. Currently, Pete lives independently in his community and is completing his education at his local school.
Individualized and strengths based	Pete's strengths were the foundation of his therapeutic regimen. Because he is a gifted natural athlete, his therapist often conducted "sessions" while playing golf or basketball. His mentor often took him camping.
Culturally competent	In southern Rhode Island, where the vast preponderance of the population is Caucasian, culture varies more by ethnic identification and wealth or poverty than by race. In Pete's case, the family culture emphasizing family togetherness, hard work, and helping others was widely respected.
Families as partners	The Wraparound process was driven by Marsha, whose diligence in linking her son to needed supports helped advance the local system of care.
Team driven	Marsha was the heart of the Wraparound team for Pete, linking his extensive supports at school, at home, and in the community. There was not a formal "child and family team" in this case, but rather there were separate team meetings for clinical issues (EPSDT), school issues (IEP meetings), and Wraparound process meetings (Project Reach) for tracking Pete's services and supports.
Flexible funding	No formal, interagency pooled funding exists in the Rhode Island System of Care. Rather, in each family's instance, the relevant agencies negotiate what they will each pay for. The Department of Children, Youth, and Families generally covers residential services; the schools cover educational and some therapeutic services. Because Pete was adopted, he had a subsidy provided by the Department of Children, Youth, and Families through age 21 that could be applied in a variety of ways, from school tuition to therapy to rent.
Balance of formal and natural supports/services	Natural supports were not represented on a team, because there was no formal "team" in the Smith case. Natural supports were used extensively but informally—for everything from supervision to employment opportunities.
Unconditional commitment	Over the past 4½ years, there has been remarkable continuity in the sources of support for Pete. His school maintained connections to him even when he was placed elsewhere. His adoption subsidy was extended until age 21.
Collaboration	Collaboration was most remarkable in this instance because it was family driven. All agency representatives expressed enormous respect and support for Marsha, and a willingness to listen to both her and Pete.
Outcomes measured	Outcomes are monitored by Project Reach during planning meetings, but meetings are held on an as-needed basis. In this instance, there was no formal use of process or outcome data.

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For Rhode Island: The Community Fulfillment of the Core Values of a System of Care

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	Family members of children with emotional or behavioral challenges are very much at the heart of Rhode Island's System of Care. Families are involved in policy and planning at the state level through the Parent Support Network and Rhode Island Parent Information Network, two family-run organizations. At the local level, the Local Coordinating Council has parent advocates as standing members. At the level of individual service delivery, families are involved as Family Service Coordinators, who work with families to design service plans in conjunction with other public and private child-serving agencies.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	The System of Care is governed by a Local Coordinating Council (LCC), which has representatives from mental health, education, child welfare, juvenile justice and probation, and family advocacy groups. Contract service providers and community-based organizations are also active on the LCC. The LCC holds public meetings monthly to 1) bring providers together to work through issues facing its agencies and families, 2) enhance interagency collaboration, and 3) educate the community at large and the service providers about System of Care principles.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	Southern Rhode Island has little racial diversity, although families vary by ethnic identification and socio-economic status. The community is made up of many low-income families with problems finding adequate transportation. The service delivery system is sensitive to these issues and works to accommodate families by providing financially accessible services in the home and by making transportation available. All families are encouraged to become self-advocates, and training is offered in this area.

ENDNOTES

[i] Project REACH Rhode Island was the entity established from 1994 to 1999 by a grant from the Federal Center for Mental Health Services to implement a system of care. It is locally known as CASSP, after the name of the Child and Adolescent Service System Program planning grant that had been in place previously.

[ii] EPSDT refers to Early and Periodic Screening, Diagnosis, and Treatment. It is the mechanism through which Medicaid-eligible children receive whatever "medically necessary treatment" they require.

[iii] A Medicaid script is a written rationale for an individual child's service needs that is provided to the state. Scripts are written to secure Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) funds. These funds can be used for a variety of services, including those aiming to prevent out-of-home placement. Funds are authorized for up to six months, when a new script must be written.

[iv] The DSM-IV is the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. It is the manual containing the diagnostic criteria for all mental illnesses.

[v] One goal of Systems of Care that can be addressed through the Wraparound process is returning children who are in out-of-state, residential placements to their home communities and coordinating services and supports so that they can succeed there.

[vi] For more information on the planning center model and on Westerly's innovations, see *Safe, Drug-Free Schools, and Effective Schools for ALL Students: What Works!* Available at http://cecp.air.org/resources/safe&drug_free/main.htm.

CHAPTER 3: WE LIVE HERE ON OUR HOMELANDS: WRAPAROUND ON A NATIVE AMERICAN RESERVATION

We live here on our homelands. We have six districts within what they call the Fort Berthold Indian Reservation. Communities have been divided by the lake—by the Garrison Reservoir. Divided us into six different communities, and in those communities, we have various parts of our tribe. We lived in our own districts at one time as a group; now we are scattered through our homelands here. And reservation is one word that I really don't use. Homelands, to me, is more. Reservation means something put aside to be dealt with later. I feel that that is what they did to us.

—Malcolm Wolf, Spiritual Advisor

THE CULTURAL AND HISTORICAL CONTEXT

Eric's story takes place on the Fort Berthold Indian Reservation, a reservation created under the Fort Laramie Treaty of 1851, which promised a secure homeland to indigenous American tribes. The Fort Berthold Reservation is home to the Mandan, Hidatsa, and Arikara (the Three Affiliated Tribes), who for centuries lived near one another on the banks of the Missouri River, where they farmed, inhabited earthen lodges, and sustained a rich ceremonial and market life. The reservation comprises Twin Buttes, where a majority of the Mandan Indians live; Mandaree, where a majority of the Hidatsas live; White Shield, where Arikaras settled; and New Town, which Carol, a family advocate, described as "the melting pot of all three tribes."

Seven American-driven events interrupted these tribes' rich civilization. First, a smallpox epidemic in 1837 cut the Arikara and Hidatsa populations in half and reduced the Mandan population from about 1,800 in June to 138 in October. Second, the 1851 Treaty limited their movement. Third, the 1887 Dawes Allotment Act distributed privatized land in an attempt to "civilize" Indians. Malcolm Wolf observed that before these events, the land was sacred: "It was everybody's land, regardless of where you were." Fourth, also in the late 1800s, the U.S. Government outlawed many Native American ceremonies. Fifth, the damming of the Missouri River during the 1950s created Lake Sakawawea and therefore separated members of the tribal community. Denny Wolf, a program mentor, described life before the dam: "They were really close-knit and had community meetings, they had feeds, they got together, and they still went by our clan system. [Now] we're all split up and that's a lot of why we are having a hard time." Sixth, many indigenous people lost their ability to speak in their native languages. After the Garrison dam was built, reservation children were sent to boarding schools where school officials cut their hair (traditionally an act of mourning) and required them to speak English. Seventh, the mass media changed values and behavior.

In spite of these events, these three distinct tribes maintain common values that build on clanship systems—formal connections among individuals that go beyond blood relations and link individuals, prescribe rules of conduct, and incorporate formal protocols for seeking support from others (and providing support to them). These clanship systems and the cultures of which they are a part provide strong resources that these Native Americans can be draw on to socialize the young, heal the behaviorally disordered, and address the myriad of ills that have infiltrated their plains homeland—racism, drug traffic in school, youth carrying guns, and the negative impact of the mass media. Accessing these resources, however, depends on two things. First, it depends on sustaining traditional relationships that have weakened over time. Second, people need to understand how to access support—knowledge that was largely lost among those who attended the boarding schools. The Wraparound process has provided a vehicle for rebuilding relationships and helping community members access support. Susie Paulson, the first director of the Sacred Child Project, said,

> *It's all about relationships, and so the Wraparound process just strengthens what we already have because our culture is based on relationships with human beings with the whole universe. And so when we come together at a Wraparound meeting, it is much like a ceremony because you have brought together all the people and the things that you need to help yourself and that's exactly how we do business in the Indian country, if we are true to our own ways.*

THE SETTING

Eric lives with his mother in New Town, which is populated by both indigenous peoples and Whites. New Town is located among North Dakota's rolling prairie grasslands that are broken by occasional buttes, or flat-topped hills. New Town has a tribal college and a high school, but only a limited number of social services and jobs. Eric says New Town is filled with "pretty active kids" with "nothing for them to do... Around here, there's a lot of drug and alcohol abuse." New Town is also the site of vibrant pow wows where tribal people strengthen their ties to one another and to their traditions.

The town adjoins the Four Bears Casino and Lodge, which employs 400 people. The casino has had a paradoxical impact on the Tribal Communities. On the one hand, the casino has created jobs and provided an opportunity for tribal members to return to the "reservation" from cities where they went for jobs or schooling. On the other hand, it has brought new challenges to the community, which Clinton Wolf, a Wraparound mentor, perceived as "tearing homes apart, tearing the community apart. People are acclimated to it, it's become accepted, which isn't too good."

Still (at least among the Native American population), New Town remains a close-knit community. "There are," said Clinton Wolf, "times when the whole community comes together, pulls together, and there are times when they're divided, because we're so close. One way or another, we're all related somehow, amongst us." Eric's mother Elaine (who has lived in Billings, Montana, and Bismarck, North Dakota)

described why she stays in New Town: "If we run into trouble and need some help, we just have to run to a family member and ask for help. But if you live in the city, we wouldn't have that—that closeness, that bond."

THE PROJECT

The Sacred Child Project is an inter-tribal project that serves seven distinct tribal groups on four reservations: Standing Rock (Lakota), Spirit Lake (Dakota), Turtle Mountain (Chippewa), and the Fort Berthold Reservation (Mandan, Hidatsa, and Arikara). Sacred Child staff view the Wraparound process as consistent with traditional Native American culture. Deb Painte, the Director of the Sacred Child Project, asserted, "This isn't a new concept. All it is, is a revisiting of our former village and clan and tribal structures." She explained how the Wraparound process represents a return to traditional ways:

> *This whole cultural erosion that we've had really has led to some of the... challenges that we face. We needed to find a way to rebuild those structures that we had for our families before. When we heard about Wraparound, it clicked. This is how we bring those interventions back. Those cultural ways that we had. This is the validation of our culture.*

Wraparound is not the same at all four sites, nor is it the same for every child and family on a reservation. Deb described this flexibility:

> *This is an inter-tribal project, and that means that we're working with seven distinct tribal groups, and so what is culturally appropriate here, may not be culturally appropriate there. And even though I'm from this reservation, that does not mean that the family that we work with practices traditional culture and values to the same extent that everyone else does. So the family culture really becomes involved.*

The Fort Berthold site is one of two sites, along with Standing Rock, that are employing Native American cultural interventions. According to Deb, they employ these interventions for two reasons. The first relates to all five sites: "Because on our reservations we have very limited clinical services," the project has focused on "using our natural supports." Second, the project has learned from youth and families at Standing Rock and Fort Berthold: "What we found is that there, the youth ask for the cultural interventions."

Susie Paulson, a former Director of the Sacred Child Project, observed that the Sacred Child Project developed these interventions "by being true to our Indian ways, by asking the family what they want to do, and also being true to the fidelity of Wraparound, which also says ask the family what they do and uses the family's beliefs, culture, preferences, and their natural support system to help them."

Fort Berthold's Sacred Child operations are housed in a red one-story structure that it shares with the Housing Authority in New Town, along with the Ikipi Youth Services Project that provides alternative activities, recreation, and drug and alcohol prevention. Mike Young Bird and Barbara Smith are care coordinators there. Eric was one of the first youth to enter the project.

THE CHILD AND HIS FAMILY

Eric is an intelligent, handsome, athletic 17-year-old of Arikara, Crow, and Hidatsa descent. When he was 10, he was given the name Trotting Wolves at an Arikara naming ceremony. He has been a state wrestling champion and has done well in track meets. He is currently living at home, working for Americorps, pursuing a GED, and making plans for a productive future.

Who's Who in the Story of Eric's Wraparound

A larger number of individuals were interviewed for this story than for any of the others. As an aid to the reader, here is a list of the people interviewed and the roles they played.

Family Members	
Eric	The youth
Elaine	Eric's mother
Service Providers	
Mike Young Bird	Eric's care coordinator
Barbara Smith	Another care coordinator at Sacred Child
Carol Walker	Family advocate
Malcolm Wolf	Eric's spiritual advisor
Denny Wolf	Eric's mentor
Clinton Wolf	Wraparound Mentor
Administrators	
Susie Paulson	First Director of the Sacred Child Project, currently Director of the National American Children and Families' Services Training Institute
Deb Painte	Current Director of the Sacred Child Project
Jan Two Shields	Quality Assurance Improvement Coordinator and evaluator of the Sacred Child Project

One and a half years ago, he was dealing and using drugs, abusing alcohol, and breaking into houses, and he had dropped out of school. At that time, he was at great risk of killing himself or his mother, or of being killed by her. For these reasons, he, like many reservation children, faced the immediate risk of removal from his home and placement in a residential setting off the reservation.

Elaine, Eric's mother, wants to keep her family intact and do the best for her children. Elaine, who came from a "very alcoholic family," has abused drugs and alcohol in the past. She is committed to many traditional Native American values and has a supportive extended family that has helped both Eric and her.

Born in Crow Agency, Montana, Eric spent the first three years of his life with a father who drank and who, according to Eric's mother, "would take off and leave us." Elaine ended that relationship and moved to Fort Berthold when Eric was 3, where she married a man who physically abused both her and Eric. The abuse persisted, and Elaine divorced him when Eric was 12.

As Eric was growing up, he exhibited persistent learning and behavior problems. His mother said that he brought home "bizarre drawings," he had problems in school, and he had "very big problems with anger"—he would be "real quiet" and then "explode." Eric was also very "flat" emotionally: he would not show any emotion, even when members of his family died. These issues escalated when he entered adolescence. Eric began drinking at 13, started using drugs at 14, and began to sell drugs and break into houses at 15. He dropped out of school at 16, when he was a high school freshman. Around this time, Eric began beating his mother, for which he was once jailed. His mother, fearing for both his safety and her own, began to hide knives. Once, Eric tried to commit suicide. Malcolm Wolf, who would later serve as a spiritual advisor, helped him at that time.

In February 1998, when Eric was 16, an especially traumatic incident occurred. Eric's mother Elaine explains what happened:

> *Well, we had a couple beers at home, and then decided to go out to the casino. After the casino, we went to this other party and by then [my boyfriend] was drinking really strong drinks. Then we had some people come over to the house, which I never do—so we brought back music. Well my other girlfriend and I were drinking our beers, but they were drinking Jack Daniels, and they all got so sloppy drunk... Then I said, "That's it. It's time to leave." I mean, that's not fun and that's not cool, you know what I mean? So then, Eric came in—I think he had had one or two beers—and he started yelling at me. He said, "What's wrong with you? You never bring people home! Look at these guys!" By that time, everyone had left and [my boyfriend] went to his coat and got something out and next thing you know he reached over and he hit my son in the chest and my son was going to grab him and I happened to look and he had a knife and he hit him again in the back. So Eric got stabbed in his chest, and in his back. Then Eric just went running out the door... I just like went into a rage. I jumped on [my boyfriend], and the fight was on... And I got stabbed three times, but not as crucial as those Eric had. I got stabbed twice in my arm and once in my leg and I had knife nicks in my head... The crazy thing is I ended up marrying this guy.*

Soon after this incident, Eric's mother sought out the Sacred Child Project. Five months later, in July 1998, Eric and his mother had their first Wraparound meeting.

IMPLEMENTING A WRAPAROUND PROCESS

"What the Wraparound taught me is that no matter who you are, there's always a uniqueness and a sacredness about you. And you can always help, and bring that out. And the kids that we work with in turn, they just flourish," Barbara Smith observed. Barbara's observations fit Eric—after one year with an

individualized plan of care, Eric was living at home, in control of his behavior, beginning to address his substance abuse problems, and working toward a GED. Members of his community viewed him positively. His striking transformation reflected an approach to the Wraparound process that was both consistent with the values of a System of Care and unique to Eric, his family, and their Native American values.

Eric received intense cultural support from Malcolm Wolf and others whom he encountered at sweats[1] and equally intense mentoring and counseling from Mike, Eric's care coordinator, and from Denny and Clinton, Eric's mentors. He also received job support and tutoring from Americorps; recreational support through flexible monies and the Ikipi project; a family advocate for Elaine; and the effective development and employment of a crisis plan. In addition, the Wraparound meetings sometimes functioned as family therapy. Elaine observed:

> *Everybody always has their suggestions, and sometimes we started clashing in those meetings. What was really, I'd say, extraordinary, was he had a right to say what he wanted. Not only that, it was that people had their own suggestions. Very positive suggestions. And we'd be like, "Oh yeah, we could try that." ...This is how much I want my family to stay healthy, be healthy, and so maybe he could start listening to my suggestions. Doing other things.*

The Wraparound meetings also had their own impact on Eric, providing him with attention and giving him a voice in determining his destiny. Malcolm Wolf said that they "let him know that he is a person, a human being" and that "brought awakening to him that maybe there is hope, where he didn't have hope prior to this." Eric agreed, noting that before, "I thought that there was really nothing for me. I just felt like dying, because all the things that happened to me."

The project staff and team members developed and maintained a caring and respectful relationship with the family that gradually established Elaine's and Eric's confidence and trust. Eric reported, "When I first started coming, I didn't really like it. I thought it was really stupid. But afterwards, they started helping me find out a lot of things about myself." Elaine contrasted her experience with earlier services at the Indian Health Service and other local organizations:

> *We ended up coming out more angry and more frustrated than ever. I mean, they are real clinical and it's like they don't care. I remember one time we went to go get help and the psychologist that was helping, he fell asleep on me. He fell asleep on me! And I was, like, here I am pouring out my emotions, trying to figure out how to, you know, and he fell asleep on me! And another time I went in to set some appointments up, well, this lady was so clinical, it was like I was turned off by her right away. And she was talking about Maslow's blah and I was like, I don't even want to see you.*

The individualized plan of care was strengths based—identifying strengths and building on them. Barbara Smith, a care coordinator, spoke of how her attitude changed during her first encounter with Eric: "When I first met him, I expected to see this little hoodlum, this little gangbanger with the big baggy clothes,

and wouldn't look at me... And in comes Eric, dressed real nice, had a hat on... And he takes his hat off, and he shakes both of our hands... if this kid didn't have respect, he never would've taken his cover off." Not surprisingly, Eric's first plan of care listed "respectful when meeting people" as a strength.

The Wraparound process was child and family driven—Eric and Elaine determined all goals. "I tried the other services all over again. But then I tried the Wraparound and what I liked about that it's your choice, your choice to have who you're comfortable with," Elaine observed. Eric said, "I make decisions that help me. They agree on it, or they disagree, and they'll say something that will maybe help me out, to go to school. Because I really want to go to school, and they'll say something, 'Oh we'll help you get this and books.'"

Services and supports were community based, individualized, and coordinated by Eric's Wraparound team, which met regularly to review and modify his plan. In addition, services were integrated. Eric's work at Americorps was linked to tutoring and his pursuit of a GED. His mentors and care coordinators were linked to the cultural services that he received. Everybody worked as a team: "We usually take a suggestion from somebody, from the whole table, usually there's always a suggestion that's taken from everyone," Elaine said.

The team-based approach was flexible. "They were very positive," Elaine noted. "They were more than willing to come in and help us out, with suggestions, other kinds of things. They were very helpful. ...He can call on who he wants to, and I can call on who I want to. Everybody gets into it, and everybody comes up with suggestions." While the core team remained stable, individuals were added as necessary. Elaine's mother came one time, as did individuals from social services—often at the suggestion of Elaine or Eric. The plan has changed over time. Although the initial goals focused on anger management, later goals have focused on education and employment. "Every time the plan has changed, there's always goals and things that he needs to follow up, or a plan that he needs to follow up," Elaine noted.

CULTURAL SUPPORTS AND MENTORING

A singular aspect of Eric's individualized plan of care was the intense employment of cultural resources. Just as in the case of other families, cultural resources were not imposed on Elaine. "One of the things about our project is that it's their choice," Barbara Smith observed while noting that other families she works with do not practice traditional values. Nor was the plan imposed on Eric; in fact, he chose the cultural domain. During the first meeting to put together the individualized plan of care, he was asked to choose 1 of 12 life domains to focus on—"Out of all of these life domains, or out of all of these focuses, in your life, which is the most important, or where do you think you need help on for your family. And then you pick one." Eric chose culture. He felt that he needed some guidance; the team reinforced his choice and spoke about growing up in a single-family home and his need for male guidance—issues that may have a

particular significance within clanship communities. The first plan of care specified Eric's inability to control anger as the pertinent need, and it identified meeting with a spiritual/cultural person as a short-term goal (in addition to anger management classes). Eric attended 10 sweats that lasted about six to seven hours a night, in which he met with his cultural advisor, from July 14 (four days after the meeting) through the end of October.

On the surface, cultural support seems simple. "Eric comes to my home, we share food with him, we share prayer with him, our cultural way and our sweat lodges... and we do all these different prayer ceremonies, and he is a part of it and he likes it, he wants it," Malcolm Wolf stated. The impact, however, can be profound. Mike Young Bird, Eric's care coordinator, described it this way:

> *It was something that he needed that was missing in his life. ...And once he started coming around, he started opening up to us and, you know, even by his actions, the way he acted, even the way he sat, I noticed different things about him. ... But as he had seen us as a family, always calling each other by whatever relationship that we have—brother, uncle, grandpa—I might have a grandpa that may be born yesterday, he might be that young, but he's still my grandfather. This is our clanship system, so we try to—we call each other by that and he started learning that, I think, and it really kind of opened him up to a lot of things.*

Eric agrees:

> *At the sweats, I think a lot about a lot of things. A lot about my family. When I'm really feeling down, I need something like that to keep me up. And I really feel like the drinking and doing drugs, [the sweats] just take it all away. It just takes my mind completely off of negative things. And it just makes me feel good.*

The experience of going to a sweat is intense. Eric leaves New Town at 5:30 p.m. and does not return until after midnight—often three times a week. During these six hours, he talks with Michael Young Bird or Denny Wolf, with whom he drives. He also helps prepare the wood for the fire, meets with different clan fathers and brothers, and has an opportunity to dialogue with others who (in the words of Clinton Wolf) "had a difficult time, but had change within their life, personally. And now they're on a positive road. So they come and it's just a good thing to be around those kind of people." Mike Young Bird contrasted this with attending counseling sessions—which did not work for Eric:

> *It's like going back to our culture is that as far as going to counseling. You go, and you talk about what's going on, your behaviors, or what you did in the past to get that out. But actually going into a sweat and praying and grasping on to the belief and just understanding, being there with a group of guys, a group of men. They don't ask questions, who you are, or what you did, or what you're going through, or what's happening. I guess, what you did last night, or what you did last week, or your past behavior, or did this and that. They would come together, and they'd all be on the same level. Loose going, and actually take a sweat and pray, our form of traditional healing.*

Although regular contact with his spiritual advisor and participation in the sweats had a powerful impact on Eric, this impact was enhanced once the program provided Eric with a mentor, Denny Wolf, whom Eric already knew through the sweats. The mentor gave Eric someone who was available (in Mike's words) "more or less 24-7." Eric's mentoring shares many aspects of conventional mentoring—providing Eric with someone to talk with, to do things with, and to help him problem solve. Eric described the relationship this way:

Going to the Sweats

Respect is the main thing that I think that as far as him starting his cultural aspect. We try to instill respect...respect everything, and I see that in Eric. I see that in him, he's learning the cultural ways. And then when we show him, well it's not just something he can go there and learn in one hour and go home and say, "I know that." It's like studying a book—somebody reads a book and they say, "Well, I learned this," you know, it's going to be an ongoing deal. It's up to him to keep pushing that—you know, keep coming back, keep wanting to learn. I think what's important, I've heard him pray, pray for his family, his brothers, his sisters, and he's humbled now by a lot of things. I think that was the turning point right there when he started, like everyone else, he took to the point himself, it was up to him when he started praying. We could do all kinds of things for him, but he made his mind up that he wanted to come and he's doing a lot better, I think, as far as being cultural, and he is wanting to learn. He was missing out like a lot of other kids—they miss that. But he feels comfortable once he starts going to the sweats. He feels comfortable because we're all the same, we are all equal, we are all sitting on the ground, nobody is better than anybody else—and I think that's what he likes. It makes him feel better, I think, and comfortable about a lot of things. And we joke and laugh, you know, it's part of our culture, too, humor, you know. —*Denny Wolf, Mentor*

> *He tells me that he kind of went through the same thing like I did. He really has a nice family and he's kind of like a dad. Someone I never had before. I really look up to him, like a dad or a big brother. To show me things that no one ever showed me before, because no one had ever showed me the things that he does. He'll just pick me up and go for a cruise, things like that. No one ever comes down and does that. Just little things like that.*

However, Eric's mentoring also had a spiritual component. Denny Wolf, his mentor, described it this way: "What I see that's helping him, as far as taking part in sweats. Traditions and little things like that, and then talking to him at the same time, and being his, from a mentor's point of view, being his older brother, and understanding him. Helping him focus."

THE WRAPAROUND PROCESS AND THE SACRED CHILD PROJECT

Sacred Child staff are committed to maintaining the fidelity of the Wraparound process. Still, they are adapting and appropriating this approach as they apply it to new families and new contexts—each family with its own culture and each reservation with its own community and configuration of services. Adaptation is important because it facilitates individualization. Appropriation is important because of the history of historical and cultural imposition by non-Native people. "You call them boarding schools, we call them genocide, which is like taking away our culture and beliefs," Mike Young Bird explained.

In addition to their powerful use of culture, their adaptation and appropriation of the Wraparound process has many stunning features: the weaving of professional and non-professional relationships, the need to reframe language, and self-conscious learning about the possibilities of Wraparound.

Blending Professional and Non-professional Relationships

Mike and Barbara are clan relatives. Denny and Clinton are Malcolm's sons. Malcolm is Mike's clan brother. Barbara's father and brothers and Malcolm sing together at pow wows. Although from a non-Native American perspective these connections may appear unique or even problematic, they reflect the nature of the clanship system and they seamlessly connect the professionals with the traditional processes. Barbara described it as

> *utilizing the Wraparound with ourselves first. I told you about how we utilize switching of the hats when a dilemma arises. We put something personal in work. When something is going on with him, I switch to my clan mother, and then I talk to him to help him work it through. For us, it's kind of, you got to practice what you preach, kind of situation. And we use that, kind of the clanship Wraparound for our work.*

Reframing Language

Maintaining fidelity in new contexts does not require using the same language. In their attempts to employ the Wraparound process, Sacred Child staff have reframed terminology. Deb Painte provided an example, which came out of a training she had done when staff members said that they "don't do Wraparound." Deb and her colleagues responded by telling people not to "get hung up on the terms, *individualized, strength-based, culturally competent.*" When the staff member stated that "this is what I'm doing," the trainers said, "You are doing Wraparound. That's the process." Jan Two Shields, who is responsible for the project's quality assurance, described the reframing process in a similar manner:

> *We tried to use the language that [John VanDenBerg] trained and taught us in. In reality, we do [Wraparound], as I think most cultures throughout the world use the same thing. We thought of it in a little different way. But with his [manual], we followed that. We tried to follow the techniques that he introduced, the Wraparound process, and we're still using them, it's just that we use the same format—I guess if you want to call it that. Each care coordinator has their own unique way of presenting it. And also they know their communities best, and their families that they work with. Because they're from there. And they interpret the Wraparound process to the family, in a way that the family will understand. And it's working.*

One matter that particularly calls for reframing is the conceptualization of "informal supports," because as Deb Painte observed, "When you ask for help in a cultural way, it's a very formal process, with a specific set of protocols that you have to follow. So they're not informal, they're very formal." This issue is resonant with implication. For example, the request for support might require a gift, such as tobacco, and for the family to initiate support, it may be important to apply flexible monies to purchase the gift. Similarly,

although the provider of traditional services may not have Western degrees, their experience, knowledge, and years of apprenticeship may be even more extensive than those of individuals with Western degrees and credentials.

Self-Conscious Learning

While building on their own traditional supports, the staff are also learning. Sometimes the learning is personal. For example, Denny observed that "this mentor program is good for the kid, and it's good for me, too. It makes me take a check of what's going on with my life, along those lines. And I realize that hey, if I don't do right, if I'm not living right, how can I expect my children to follow suit?" These personal lessons are learned with humility and cultural respect. Susie Paulson said,

> *We're only in our second year and we are just now learning. I struggle with that myself right now, because I have no idea what the outcomes are going to look like or how we are going to measure them. And just from visiting with some of the care coordinators and because of our belief system, we are very hesitant to measure our spiritual stuff... A lot of those plans are going to be a little bit watered down for the very reason I explained to you, because we don't want no White people measuring us spiritually!*

OUTCOMES OF THE WRAPAROUND PROCESS FOR ERIC AND HIS FAMILY

Eric and his team participated in interviews for this chapter a little more than one year after their first Wraparound meeting. Although Eric and his family still faced many challenges, they had accomplished much. Eric remained home. The family remained safe. Eric had rejected antisocial activities and was involved in many prosocial ones. Eric was working and on the road toward earning a GED. In addition, he had plans for college and his role in the community. All of this was done in a manner that did not distance him from his mother, family, or community.

Everyone who has worked with Eric describes similar changes. He is no longer withdrawn—in fact, he is now outgoing. He can express his pain and anguish at the death of a friend. Other members of the community now perceive him as one of the good kids—and respond to him positively. He now has a sense of himself and hope for his future. Carol, the family advocate, described the changes this way: "He was in a shell and seemed like he wouldn't open up to anybody and was really reserved—and now I've noticed that since he has been in Sacred Child Project, I see him downtown and he'll wave and he'll come up and talk to you."

Eric described these changes in a number of ways. First, he is now able to talk about his concerns and problems:

> *I didn't really talk about things. I just kept it inside all the time. Now I'm getting older, and things are coming up now, and it's really helpful. I just can't keep it all in. Because I used to keep everything all in, let it all pile up, and I'd just explode. I was a really difficult person to talk to and you couldn't get nothing out of me. I wouldn't say nothing. I'd lie to your face. Now, I got some things out, that I really needed to get out, and feel good about it.*

Second, he is a productive participant at home:

> *I do things at home now. Before, I used to stay in my room. Now I clean up the house, I do dishes, I cook. I take care of my brother and sister a lot. I play basketball with them. I'll take them to places. I'll clean up the yard, mowing grass, and raking. Try to keep my mom's house clean, when she's gone. And cook for my brother and sister when she's not there.*

Third, his anger is now under control:

> *Yeah, it's gotten a whole lot better. We communicate now. Before we didn't really communicate really. And we used to almost kill each other, because we were always... when I was drinking, I was really ugly. And there are some things that she'd done that I saw when we were growing up, it was kind of uncomfortable things. And now I kind of explain it, or talk to her about it, or "Why did you do this?" It's a whole lot better now, we talk a lot. I used to be mad at her a lot, and now I'm not mad at her. It's gotten a whole lot better.*

Finally, at the end of a Wraparound process that was implemented in a manner consistent with his traditional culture, Eric expressed some real confidence about his present and hopes for his future: "I'm working now, and I have money in my pocket. I never got to go places, now I go all over…I'm buying clothes for myself, and taking care of myself. Now I'm trying to get myself back into school, and I got a lot of people helping me, a lot of support."

Healing through Cultural Identification

Based on my observations of our reservation youth, I see our Native American youth emulating Black and Hispanic youth. But few emulate their own Native American culture that is rich because of the inner strength, survival skills, and strong sense of family our ancestors embraced. In previous years, the service providers have used the western practices with limited success in working with Native American youth. In the Sacred Child Project, we are looking in our own backyard—using our Native American culture—to help heal our youth. —Carol Walker, Family Advocate

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How the Values of the Wraparound Process and of a System of Care Were Fulfilled

For Eric: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was fulfilled
Community based	The Sacred Child Project serves several tribal communities. Eric received services and support in his community.
Individualized and strengths based	Eric's individual plan was flexible to meet his changing needs. His plan was built on Eric's and his mother's commitment to traditional values.
Culturally competent	Eric's family was given an option to choose a cultural approach. In addition, Eric's plan identified a cultural/spiritual advisor.
Families as partners	Elaine helped the team plan Eric's short- and long-term goals.
Team driven	The whole team participated in making suggestions in the best interest of Eric.
Flexible funding	Flexible monies were employed to support a respite as well as Eric's participation in recreational activities that served a therapeutic function.
Balance of conventional and natural supports/services	This language does not capture the combination of Western formal professional services (e.g., counseling, with a care coordinator) and formal traditional services (e.g., spiritual mentoring and participation in the sweats) that Eric received.
Unconditional commitment	Services were adjusted to meet all challenges.
Collaboration	Eric's team worked collaboratively. In addition, agencies collaborated to provide services.
Outcomes measured	Eric's team observed his behavior on a regular basis and adapted interventions to reflect this monitoring.

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For the Sacred Child Project: The Community Fulfillment of the Core Values of the System of Care

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	Individualized plans of care are developed by the child and family in partnership with professional and natural supports.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	Care coordination and all other services are provided within the reservation. There is a Wraparound review and intake team comprising parents and service providers who make enrollment and any other decision relating to the local Wraparound process.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	All staff are either Native American or are from the community they are serving. The 12 life domains of the plan of care include cultural and spiritual domains. Native youth have been provided with cultural guidance and mentoring services. The System of Care recognizes and values Native culture in the healing process; youth have an opportunity to participate in sweat lodge ceremonies and other aspects of traditional healing.

ENDNOTES

[i] "Sweats are visits to a sweat lodge, which is one part of Native American traditional healing. Traditional healing varies from tribe to tribe; within a tribe, it is highly individualized to the person in need. The goal of traditional healing is to reconnect and harmonize the individual to the web of life that includes the tribe, all humanity, the earth, and the universe.

CHAPTER 4: FAMILY ADVOCACY AND FUNDING FLEXIBILITY: A WORK IN PROGRESS IN KING COUNTY, WASHINGTON

The Federation of Families headquarters in Renton, Washington, sits nondescriptly in a strip mall between a bingo hall and a day care facility. Standing in front of the somewhat run-down office space on a crisp August evening, one can turn to the right and observe the elderly patrons of the bingo parlor stroll in for a night of entertainment, or look left and watch toddlers and preschoolers spilling like brightly colored marbles onto the sidewalk and into the cars of their waiting parents.

It seems highly appropriate that the Federation would be situated in the middle of the two ends of the developmental continuum. After several years of running the Federation out of their basement, Scott and Marilynn Williams, parents of six children, foster parents to two, and surrogate parents to countless others, have established a space in which they strive to make all children feel at home, regardless of age and level of need. Perhaps even more important, the Federation is also a safe place for parents and grandparents of children with emotional and behavioral difficulties, many of whom have felt stigmatized and ignored by the service delivery system that is intended to help them. They and their children can come to this place to get support, to volunteer, to receive services, and, thanks in part to a "radical" new initiative called the King County Blended Funding Project, to be trained to take control of the process of receiving needed support and services.

"Every one of the Blended Funding kids and parents knows they are welcome at the Federation," Marilynn says. She is reflecting on this fact as she bemusedly watches the parking lot wanderings of Eddie, a teenager who has dropped by to shoot the breeze. Currently, Eddie lives at the Williams house until a new living arrangement can be found for him. Eddie, Marilyn says, has had tremendous difficulty with providers and school personnel accommodating his needs because people are intimidated by his enormous physique—as well as the fact that he is black—even though he is, as she puts it, "just a big teddy bear." The inability of child-serving professionals in King County to meet the needs of children with special needs and their parents in a responsive and respectful manner is something Marilynn will no longer accept. She endured this kind of poor treatment at the hands of professionals with her own son, she says, and now she is compelled to ensure that through the work of the Federation and its allies, this situation is remedied.

> *You're not going to get kicked out of here no matter what you're doing. Unless you're killing one of us, and if that's the case you're going to go out in an ambulance and then be brought back. I'm not kidding! The kids can come in here, they have all kinds of*

bizarre behavior, and they are at home. And when we start accepting who they are, then their behavior becomes more acceptable. And it's the only place some of them have. Most of these kids have been shuffled so many times. The kids come in, they play, they sit at the desk, or parents talk to us, it's just life. This is home. And people talk about me and what the Federation has done, but it's not my place, it's their place.

What the Federation has done, among other things, is provide the critical link between the administrative capacities of the Blended Funding Project and the needs of families. Blended Funding is a radical test of how resources from different systems can be made as flexible as possible. The Federation has mobilized this new approach into a method of working with families that features parent-driven teams, outcome-driven planning, and the presence of natural supports, in short, some of the most difficult principles in the Wraparound process to achieve. In this chapter we will learn about a family that has been part of the Wraparound process for less than a year, yet exemplifies attempts to achieve these ideals for families in King County. As we will learn, the family's story, like that of the Blended Funding Project, is still a work in progress, but one that provides optimism about making systems work better for families.

Who's Who in the Story of Lisa's Wraparound

As an aid to the reader, here is a list of the people involved and the roles they played.

Family Members	
Lisa	The youth, age 7
Liz	Lisa's older sister, age 8
Lashay	Lisa's younger sister, age 3
Crystal	Lisa's grandmother
Joy	Crystal's daughter, age 12
Natural Supports	
Val	Friend of Crystal and a professional parent
Service Providers	
Marilynn Williams	Director, King County Federation of Families
Scott Williams	Developer, Beyond Blame training, co-founder, King County Federation of Families
Charley Huffine	Community psychiatrist
Anna	Lisa's care coordinator
Robin	Lisa's new therapist
Administrators	
Bob Jones	Director, the Blended Funding Project
Karen Spoelman	Cross Systems and Treatment Services Coordinator, King County Mental Health

CRYSTAL AND HER GIRLS

Crystal pulls her timeworn Oldsmobile into a parking space in front of the Federation of Families and out pour the four girls for whom she provides a home. The eldest girl, 12-year-old Joy, is Crystal's daughter, and the three younger girls, 8-year-old Liz, 7-year-old Lisa, and 3-year-old Lashay, are Crystal's granddaughters. Lisa is the "identified child" receiving Wraparound services, but as we learn in interviews with the family and team members, the program that supports the family is committed to serving the entire family, not just one family member.

Crystal, with her blonde hair and carefully prepared makeup, is by her own description a survivor of many years of hard living. Before we enter the office, Crystal is already describing the book she is preparing to write about her family and its many experiences with the child and family service system—how it is difficult to get professionals to respond to your needs when you are poor, and how that situation becomes even more complicated when you are white and raising four girls who are biracial. Within a few minutes of meeting Crystal, we already have several examples of how the Wraparound process, as it is practiced through the Blended Funding Project and Federation of Families, has touched her life: The children are all still in her care and are receiving services that are reported to be beneficial; she has gone from "dependent and beaten down by the system" (as one team member put it) to someone who has taken charge and wants to write about it; and her car is still on the road, thanks to flexible funds that have paid for much-needed repairs.

"I have had a difficult life, both as a child and an adult," says Crystal.

> *My three daughters that I love very much have had lots of difficulties too. And then when my grandch ldren came along, things seemed to get worse—they got worse—for us. And when my granddaughters got raped in foster care... we hit the bottom—I didn't know what was going to happen next. It was really hard as the grandmother of Liz and Lisa because I was doing it all by myself. I didn't really have any help. I had two [Child Protective Services] caseworkers and mental health people who acted like they wanted to help, but they didn't listen and really wanted everything their way or no way at all, you know, and it was really hard. There were days and nights I cried, time after time, because I didn't feel that what they were doing with my grandkids was right or fair. I never could say no because I was scared they were going to take them away.*

Without going into great detail, as she said she would prefer, to describe the lives of Crystal and her family members as "difficult" is to risk tremendous understatement. The life history of Crystal and her partners, her parents, and her daughters is rutted with terrible stories of abuse, substance abuse, and incarceration. Crystal took over as caregiver of Liz and Lisa when it became clear that her own daughter, the girls' mother, was unable to provide supervision because of involvement in drugs and street life. The girls witnessed significant abuse of their mother at the hands of their father and were reportedly often locked in rooms for long periods of time in their parents' home.

Val, a team member, a former neighbor, and a professional parent whose advice Crystal first sought when she became unable to cope with Lisa's behaviors, describes the environment in which the family lived this way:

> *Bad. Very bad. Not now, but once upon a time it was Seattle, and it was very bad. Gangs, the streets—I mean real heavy, hard-core street life. That's where this family came from. And a lot of abuse from generation to generation. And [Crystal] just thought that was the way. That nobody loved her, nobody wanted her. And we are talking about serious things like murder, her husband getting murdered, you know? Just incredibly bad.*

About two years after Crystal took over the care of her grandchildren, the girls were put into foster care because of concerns about proper supervision and unhealthy involvement of their biological mother. During this foster care stay, both girls were abused and raped by another foster child who lived in the home. Shortly after this abuse was revealed, the girls were discharged to live with Crystal, with services provided by a local mental health agency.

But Lisa's behaviors quickly deteriorated. She became aggressive and suicidal, was dissociative, and was terribly frightened of any youth who looked like her assailant. She began sexually acting out with her older sister. "She got angry about the littlest things," Crystal describes with emotion. "And she'd be screaming in an empty room, 'Don't hurt me! Don't hurt me!' And she couldn't get to sleep or get through the night, and once she had gotten a knife and was running through the house saying 'Tommy [her assailant] is here!' She was having flashbacks, hallucinations. I didn't know what to do."

Crystal's acquaintance Val was a professional parent, so she asked Val how she could get help. "She just came to my back door one day," Val explains.

> *And she just started to ask me to help her. She said, "My grandbaby, I don't know what to do, she's doing a lot of crazy things," and I said, "Crystal, you need to get help. You're going to have to call the crisis team." And when they did, they had her admit the child to Children's Hospital.*

After a 10-day stay in the hospital, Lisa spent six months in a residential treatment center in Seattle. Near the end of her stay, the community mental health providers and hospital staff began to discuss Lisa's transition out of the hospital. They recommended another stay in foster care. But Crystal was adamant that Lisa not return to a situation in which she had been so badly abused once before. However, she felt she could not say this outright to the service providers. When she approached Val with her concerns about this plan, Val, with her knowledge of the service delivery system, told her about an alternative called Wraparound. It was at this point that Crystal contacted the Blended Funding Project and the Federation of Families.

"Because I didn't know how to stand up for my rights to keep my granddaughter home, I had to let her go into that six-month program," Crystal says.

> *And then from there they wanted her to go back into foster care, where I knew she shouldn't be. It was really hard for me to deal with these people making the decisions for our family when I knew it wasn't the right decision. I mean, she was raped in foster care! And [Lisa] would feel like, "Gosh, I didn't even get to go home." But I knew she could get better at home. I knew I could make her better. I just didn't know how to do it.*

As she is in so many ways, Marilynn is right by Crystal's side as she tells this story.

> *I met Crystal two weeks before Lisa came out of the residential program. She came to us. [Blended Funding Project Director] Bob Jones attended a meeting at the hospital. She was the only parent in a room full of professionals, they didn't provide her with any support or tell her to bring a friend. And they told her they were going to place Lisa in a foster home. What they saw was a parent with no skills, which she'll openly admit to. But she wanted to take her granddaughter home. So their solution is to put her in a therapeutic foster home at $4,000 a month.*

For Marilynn, this situation is all too common. But because of the flexibility afforded by the Blended Funding Project, and because of the support and infrastructure supplied by the Federation, there was a solution, one that is becoming increasingly common as the Wraparound process becomes accepted nationally. The solution is predicated on the increasingly accepted assumption that services for children with severe emotional problems can be effectively administered and coordinated in community settings. Delivering the identified child's services and supports in this manner, the theory assumes, will empower caregivers to be able to provide care over the long term. At the same time, necessary behavioral interventions and therapeutic work for the child will be more likely to generalize to the child's natural environment, making the interventions more effective.

Marilynn summed up how these assumptions worked in this family's case:

> *Crystal came to me and said, "They won't listen to me. I don't want to lose my grandkids." And so we did the research and found that, in fact, there was no [child protective services] order, and she had the right to take them home. So we said, "If you're going to spend $4,000 a month to put them in a therapeutic foster home, why can't we put the 'therapeutic' in Crystal's home?" Crystal's not skilled... but we can teach her.*

PUTTING THE "THERAPEUTIC" IN FAMILIES' HOMES

Bob Jones, the Blended Funding Project Director, is describing how the project got started and how its vision was developed. As with many such innovative system reform plans that aim to combine funding pools from public agencies, he describes a long, often difficult planning process: "The process took a couple years." Bob explains that when King County officials first applied for a Mental Health Service Program for Youth (MHSPY) replication grant (supported by the Robert Wood Johnson Foundation),

"There wasn't a lot of buy-in from the top. We had to get past the fact that there were multiple changes in staff representing the funders. And the funders wanted to deal with contracting and funding and oversight issues. So at first, it was basically backroom planning—we didn't have a community process."

Bob continues. "Finally, we started working with families during the planning process. Marilynn was part of an advisory group … and they began to really question and contribute, and they just added a lot of things." The parent advisory group "suggested things like that [Wraparound] teams ought to be trained—everyplace else professionals are trained to run teams, but we wanted to train the families to run the teams. And so we had this basic managed care type of structure like lots of places around the country, but we were adding things like training families and developing community supports. So we needed someone to carry out those functions."

In King County, the organization that carries out those functions is the Federation of Families. The Federation has used its network of family members and allied providers to develop resources that were lacking. With the help of a local evaluation researcher, the Federation coordinates the evaluation of the Blended Funding Project, using parents and providers as family interviewers to augment the quantitative data collection in a way that also informs services for individual families. According to Karen Spoelman, Cross Systems and Treatment Services Coordinator for King County Mental Health, Chemical Abuse, and Dependency Services Division, the Federation enabled the pilot Blended Funding program, which finally began serving children in 1998, to be truly effective.

"The role of the Federation has been incredibly significant," explains Karen.

> *They do an incredible training with families who enter services. The Beyond Blame training is a superb process. It helps families bring their natural supports in with them, and then to make a care plan…that is complete, with full prices planned, that allows the family to have the resources around them to take care of all their needs, basic needs, treatment needs. And it's done in a way that focuses on natural supports, not so much just professionals. And so there's a lot of solutions that come away from the training that they didn't think they had before, because they didn't have the supports identified and orchestrated around them that was truly efficient and helpful.*

Merlin Scott Williams, Marilynn's husband, developed the Beyond Blame curriculum and runs the sessions. Employed as a trainer at Seattle's monolithic aerospace manufacturer, Boeing, he was a natural for the job, though it is a job for which he receives little or no monetary compensation.[1] When he first put the training together, he reviewed existing training plans on the Wraparound team process and found them lacking. "Most of them tried to teach it as an abstract curriculum," he explains. "They used fictitious case studies. Now these abstract curriculums are easy enough to train, but they are hard for families to use."

"So we decided early on that we should use the actual case we are dealing with," Scott continues.

We start by talking about the kid who's in the program, and what are their strengths and needs. And not just general kid strengths, but specific ones for the child. And then we build a timeline together. And we get the kid, and his friends are invited, and the parents' natural supports. And it's really fascinating, you have all these people who have been intimate with the situation, and you find that there are things that parties who thought they know everything weren't aware of. And they say, "Hey I had no idea that was important to you."

What emerges from Scott's description is that the Beyond Blame training provides the foundation for the family-driven emphasis among the Wraparound teams in King County. By framing what is essentially an initial team meeting as a training, the program helps children, parents, and their relatives and other supports learn to plan and solve problems with the help of professionals rather than through the efforts of professionals. "At the first couple meetings, I'm showing them team skills," says Scott. "I'm doing the activities, doing some modeling. But eventually someone from the group will show that they have facilitation skills. It's kind of funny—then they'll tell me to shut up and sit down. That's when I know it's going well.

"We try real hard to get everyone involved," continues Scott, though he says often this is difficult because providers are often reluctant to attend a training in the evening or on the weekend, when relatives and friends can attend. Team composition in the Blended Funding Project must be at least 50% non-professionals, a mandate instituted out of concerns from evaluation findings that community connections were not being adequately fostered.

Evaluation Methods That Guide Services

Working with a local evaluator, the Federation of Families in King County developed a method of assessing families that not only measures outcomes such as family empowerment and child behavior, but also assesses levels of community support in different arenas in a way that can pictorially help families' planning processes. Karen Spoelman, Director of King County Mental Health Services, explains:

The evaluation is integral to the care planning process. It has a process of providing real feedback, in real time to families. And I think that a lot of times we use the evaluation more in that research mode, of let's just record it as an outcome, and families give all the inputs, but they really don't get any of the outputs. That's a difference here that I think is really special. Because it really, really helps the project, and it helps the families, to really get an objective view of progress or the lack thereof. A family can look at their baseline, and then they'll get the picture at maybe 6 months, and they'll take a look at that as they're looking at their care plan, and decide where to invest energy now.

And the other thing that they do is some record keeping on behaviors, on whether behaviors are stabilizing. The family chooses the behaviors that they're monitoring. And they track concrete things, like being able to sit through a family meal without a disruption, having a child go to bed at the time that they're scheduled to go to bed. Having a child not tearing clothing. And it's not about whether I'm doing my job right, or your doing your job right. It's just that the data says that things aren't happening. So maybe a new intervention is probably called for here.

Sometimes those things feel really small and incremental, but when you see them, you can experience them, and also see them on paper, it becomes real clear. We've come a long way from here to here, and it's real obvious to us.

> *It needs to be the whole community. But what we make sure is that we center on the child. The next layer out is the people who are providing intimate care, for instance, parents or foster parents. And then at the next level, we try to work the extended family in, and then the professionals. Looking at it from what [the professionals] provide, not how they steer. So the service providers are all in the last ring, as opposed to being the drivers in all this.*

Thus, the Beyond Blame training is a method for convening formal and informal supports, identifying strengths, and figuring out what the needs of the child and family are, all in a manner that supports and empowers parents. The last step is to identify how the needs are met by the players in the family's life. Says Scott,

> *We're all too used to seeing parents who are used to categorical services and they start saying, "What services can you provide me?" And they just take anything they can get, regardless of whether it fits a need or not. And all too often, we get service providers who think that since this is a service they provide, it will help the child if they can do this thing. Instead, we try to go out and get the bundle of services that the parent needs to support the positive aspects. And see if anyone can provide that. Amazing idea, huh?*

To make this new approach possible in practice, it was essential that the Blended Funding Project, after its years of planning, convince Child Welfare Services and the Mental Health Division to pool funds to serve a pilot population of 30 families on a case-rate basis per child. In addition, some of the dollars from the Comprehensive Community Mental Health Services for Children and Families grant were contributed to that pot to allow more flexibility, and to increase the potential to serve more families. Without this source of flexible dollars, the best-laid plans of the Wraparound teams would be seriously hindered. "In Blended Funding," Karen explains, "all the money is available up front, and there's not as much negotiation or stipulations, and the family has a lot more control over what is purchased. They decide what is needed and go out and purchase it."

Charley Huffine is describing the cultural shifts that have been necessary to support this new manner of providing services. A King County psychiatrist who has worked closely with the Federation to support the Blended Funding Project, Charley animatedly describes the barriers the Project has encountered, while also extolling its virtues.

> *We haven't exactly been able to say, "Hey juvenile justice, don't bother to find more guards for your juvenile facility, put more money into community-based treatment," but we have gotten the money out of DCFS [the Department of Children and Family Services]. And if you put that money in the hands of the family, with the help of the Federation and a well-oriented mental health professional, then the plans can work.*

Charley says that he has observed that true flexibility in services emerges only when parents, rather than professionals, have control of the services budget. "What we've seen happen so far is that once the team comes up with a plan…the plan might entail questioning what has been happening in endless play therapy with the kid in some therapist's office that has gone nowhere for three years. And they will dare question this. Because they are paying the bills now."

One of Charley's roles, then, is to serve as counsel and support for family members on teams who are embroiled in difficult decisions about formal services.

> *So what happens is that these are people who are used to being beaten down by the system, but I come out and sit with the team and I say, "You're on solid ground here; from what I see you have a right to question this." I'm giving some support and exercising some authority while also making sure it's not something wacko that will be disruptive to the kid.*

The Power of the Beyond Blame Training

Merlin Scott Williams at the Federation of Families told several powerful stories about the effectiveness of the Beyond Blame training for child and family teams in King County. Here is one of them:

We had one family who called us and said, "We need help. We've been through IAST services," which are interagency staffing teams, which are supposed to create a Wraparound. But she said, "It was a disaster, the man tried to tell us how to do everything." She said, "We heard about what you do. Can we do it?" And I said, sure. We set it up. Thirteen people came. It was one of the bigger teams. The parent paid for it, $400. The kid was looking at an out-of-home placement when we started. But now the kid is at home, has more mentors and people helping him out.

In the training, rather than just sit here and complain about what is wrong and what they can't do, we get them turned around, they realize what their strengths as a team are. And they focus on what they can do. They realize that they can communicate a lot better than they thought they could. They realize that they can work as a team much better than they thought. And they find out they've got a lot more strength, as far as shared knowledge, when they get together that way.

So when this family started out, they thought they had been talking and sharing very frequently with everybody. But then the dad broke down, and almost started crying, realizing that he was hearing things from other people around that he didn't have a clue about. He took me aside, he said, "In the last four hours, we found out more about our son than we have in the last four years."

For more information about the Beyond Blame curriculum, contact the Federation of Families at 425-277-0426, or E-mail Marilynn Williams at marilynn@rocketmail.com.

But this is where difficulties in cultural shifts often enter. In addition to administrative barriers," some providers in King County apparently have difficulty ceding such control to family members and the team process. Bob Jones says, "Some mental health agencies actively ask for help from the Federation of Families, while for others, their advocacy and methods are not appreciated."

Charley is less diplomatic:

> *The politics of it are just absolutely incredible—how people deal with that reallocation of power and how money flows. Suddenly, invectives come from the mental health center saying, "Who are these people? What right do they have to question what we are doing?" And you get this flavor of passive-aggressive, retaliatory nonsense against the family, and complaints that the team—the child and family team—is undercutting their therapeutic leverage, and we are all just scratching our heads, saying, "What is your problem? You all are clinicians and you are finally free to do whatever you need to for the family, you should feel like you've died and gone to heaven! What are you in this business for in the first place?!"*

SUPPORTS THAT LET CRYSTAL "HAVE HER VOICE"

Charley's tirade against retaliatory service providers was not a generalization—it happened to a real family: Crystal's family. Near the end of Lisa's residential treatment stay, after the family became involved with the Federation and were entered into the Blended Funding system, Marilynn helped Crystal assemble a team full of friends and family members—a team Crystal said she didn't even know existed. At the Beyond Blame training, plans were made to address Lisa and her family's immediate needs—such as getting Lisa her own room, putting an alarm on her door so her movements could be tracked, having Crystal set up a meeting with the Special Education Director at the local public school, creating a crisis plan, and repairing Crystal's car. At the training, two main goals also were set. The first was "to get Lisa home and provide safety," and the second was "to move to a bigger place in King County." But soon after the child and family team's plan was revealed, especially the assertion that Lisa would return home, an odd thing happened. The providers, to use the term of team members, "fired" the family. Marilynn explained that a number of factors led the service providers to discontinue their work with the family, including an initial Wraparound team meeting, arranged by the Federation, that accommodated the schedules of the non-professionals on Crystal's team.

> *It's true that the plan for this child's going home came out of that initial meeting and [among the professional providers] only [the CPS case worker] was there—the others refused [to come] because it was Saturday. They always got calls and notices about the meetings, but they chose not to come. Free world! And yet they complained to every administrator that they were being left out. But then when we had a plan and the team had gone out and found resources to make it happen, the professionals...*

"They quit!" exclaims Crystal, still obviously incredulous. "They dropped dead. I haven't heard from the CPS case worker since."

"She transferred out," Marilynn says, "and wrote a letter to the team telling us how wrong everything we did was."

"I cry to this day thinking about how that last meeting went," says Crystal, "how we had everything planned." The initial plan included alarms in the family's house to assist in monitoring Lisa's movements, a behavioral specialist identified by the Federation to assist Crystal in managing Lisa's behavior, and an individual therapist for Lisa. "And these people just wanted to stop everything. The mental health people dropped me—no, they dropped Lisa and Liz."

Certainly, the shock of having services terminated by providers whom she had grown to trust was devastating to Crystal. But in retrospect, she says it was far better than having her voice not heard. And despite the loss of the providers, resources were already being mobilized to meet the initial goals of the plan. Within two weeks, with money fronted by the Federation for the security deposit, Crystal had moved out of her apartment in Pierce County and into a single-family house in King County with four bedrooms and a yard for the children to play in. And almost immediately, the in-home mentor began visiting the house to help Crystal learn to cope with Lisa's behaviors. "Chris is great," praises Crystal. "She was so great that I don't hardly need her anymore. But if I do, I know all I have to do is call her."

Lisa has been running around the office with her 12-year-old aunt and her sisters, yelling and singing, but she stops long enough to pause at the interview table. She is clutching a doll to her chest and looks at Crystal with huge brown eyes. "I hate Chris," she says.

"She hates all her therapists right now," says Crystal, laughing. She motions and Lisa shyly comes over to the table, albeit briefly. "But she'll get over it."

Given her skills and relationship with the family, Val was a natural to be hired to provide respite for the family. Val takes Lisa into her house for overnight stays two to four nights a month. Joy, Crystal's 12-year-old daughter, describes why respite is so important,

> *'Cause it gives me and my mom more time together. And it's good, 'cause Val... how should I say it... she knows more than my mom. 'Cause she's a foster parent. And it's good 'cause if [Lisa] is giving my mom stress or thinking about Tommy [her assailant], Val will come get her or sometimes Marilynn will.*

Joy, a beautiful, thoughtful girl who has spoken on behalf of families at several Federation events, sums up her opinion of the team. "They are nice and helpful with Lisa. They are going to help us have no more foster homes, no more hospitals."

Since most of the original professionals refused to work with the team any longer, new mental health providers had to be located to meet the needs of the team. This process was difficult for Crystal. Says Marilynn: "She had just been dumped by these people she liked and trusted, right? And she was upset and didn't trust any therapist."

"I didn't trust nobody but Marilynn," Crystal laughs, but then turns much more serious. "I was really hurt. It hurt me so bad, I didn't want any doctors, no professional types on my team no more."

"So what we did was talk to other families about their therapists and who they liked and what they were doing," explains Marilynn.

"And one therapist—her name is Robin—kept coming up for sexual issues—that she was really good for the kids." Crystal's excitement about finding this new professional support is evident in her voice.

> *So one day she actually let me and Marilynn watch one of her sessions.[iii] And I saw a woman who really cared about children that have been sexually abused, and I liked the way she brought things out of the kids without them even realizing it. And she has us in the room with her when she is with the kids, or she won't even do the session.*

Marilynn explains that observing therapy sessions helps the parent feel more comfortable and more informed about the therapy her child is receiving, while also allowing teaching moments between the therapist and the parent, "so you can debrief it right there when the child is talking about it." The trust engendered by Crystal's ability to choose and monitor this therapeutic service was extremely important. Eventually, staff from a new community mental health center were hired to help provide other necessary services, including family therapy and psychiatric medication management for Lisa. Crystal now expresses cautious enthusiasm about her team's membership. "I like my Wraparound team. I guess I'm still waiting for the time when they tell me no, like other people have, but they have never told me no yet. Whatever me or my team asks for, we go get it."

Ironically, even with all the therapeutic services, including care coordination, individual and family therapy, mentors, and respite; even with money going for material needs for Crystal (about $400 for "relative placement" and $250 for "Housing Assistance" a month) and unorthodox (by conventional standards) expenses such as a swing set for the backyard and karate lessons for all three of the older children; Crystal's monthly budget—to get "whatever the team asks for"—has recently run only about $3,700, still less than the $4,000 price tag for just the therapeutic foster home advocated by the original Child Protective Services case worker. A review of three months of budgets for Lisa and her family shows the flexibility in planning for the family; several new items enter or leave the budget each month, and types and amounts of services change, such as doubling the number of nights of overnight respite or having tutoring for the girls during summer months to keep their skills from slipping between school sessions. Through the Wraparound process, care is provided to all three girls around the clock, every day of the year, with the goals of empowering and building self-reliance within the family and replacing external supports with natural community supports over time.

Anna is the care coordinator for the team, and it is her job, as she says, to "listen to what the team wants and take it back to Bob [Jones]," the Blended Funding Director. Unlike in many systems, care coordinators in the Project do not have a hands-on, facilitative role on the team. "A care coordinator is more of a macro-manager, looking at the big picture, making sure that the services are available and in place, taking care of the money, so that finances aren't a barrier to services.[iv] So that Crystal doesn't have to worry about whether or not anyone is going to get paid."

Anna gives another example of the flexibility afforded by the Project:

> *Lisa has a scar on her face from where Tommy had hit her with a baseball bat. And Lisa has been picking at it, saying, "Tommy's in there! Tommy's in there!" and that she needs to get him out. This poor child! And so we have two doctors on the team who Crystal said are going to get her hooked into a plastic surgeon to get it corrected, so that it's not something she can fixate on.*

Given that the project is barely a year old and that she was assigned to Crystal's family after the team had already been established, Anna acknowledges that in some ways the Blended Funding Project's family-centered methods have taken some getting used to. The team has no professional who insists that team meetings occur on a regular basis, such as on the first Tuesday of the month. Instead, all the team members make themselves available, and Crystal contacts them, individually or as a team, on an as-needed basis. Anna says that the team met more frequently a few months ago; at the current time, the full team has not convened in over a month.

> *I guess when I first started I was skeptical about the fact that this team had been trained before I even came on, that I would be a "them" instead of an "us." But what must have occurred during the [Beyond Blame] training is that the whole team was able to be really honest and open about what was going on, and these folks were really up to speed with a planning process. And I can just sit back and help however I can. It's really nice how goals are set and then actually get met, so there's lots of checking off and achieving. And in a way that lets Crystal have her voice.*

BEING THERE FOREVER

Even with all the work that remains, an intense air of accomplishment surrounds Crystal's team. This attitude is all the more remarkable given that the team was convened just four months ago. Much of the sense of accomplishment is clearly centered in Crystal's empowerment. "Crystal got Lisa home, which is an amazing success," says Anna, "and she's stayed home. And Crystal is relying on her supports to keep her there. She hasn't been back to the hospital once."

Bob Jones thinks that Crystal's story is a good example of what the Blended Funding Project intends to accomplish—affording families more control while also giving them the resources to make that control meaningful. Reflects Bob,

What's really incredible is the kind of hard work Crystal has done. The fact that someone else isn't doing all the planning for her and her family is huge. She used to be isolated and scared of anything legal—I mean, she's had more life experiences than any of us deserve. But now she is beginning to take control of her own life and her kids' lives and her grandkids' lives, and that is just a huge change for her. And that's the big value added to the system, too—I mean if the providers had been managing things, [Lisa] would be in foster care right now, and kids like her tend to become "chronic," because the system never gets them "fixed" to the point where they would feel comfortable having the parent take care of them. Instead, the training that's needed for the child and family is happening now. So that's huge.

Joy, Lisa's young aunt, takes a simpler view of things. "Lisa's getting better. We used to not be able to sleep, but now she's going straight to bed at her bedtime. She hasn't thought about Tommy in a long time. And she doesn't get scared no more."

Thus, from the perspective of providers, advocates, and family members alike, specialized community-based services delivered through the Wraparound process have had remarkably stabilizing effects for Lisa, her sisters, and her young aunt. Still, from Crystal's perspective, Lisa

is always going to have to have a good support system behind her to make sure she reaches her goals in life, and not...make wrong decisions for herself. Because without it, I think she'll get lost, and will, you know—prostitution, drugs, alcohol, and so forth—I don't want to see my granddaughter go there. For now, though, it's just so much better, waking up to a peaceful home. I remember when the kids were so far out of whack in the morning, and I would hear them screaming, and I didn't even want to get up. I guess I'm driving my own bus now, and I thank God for all the successes—they are beautiful. But I know I'm going to need a lot of support financially and from my team. I want to go back to work soon...

Crystal looks meaningfully at Marilynn, "...but they aren't so sure that's a good idea yet."

"I just hope that I'm on my feet and have finances to take care of my family, because if I don't I just think I'm going to go backwards..." Crystal's soliloquy is becoming more frantic. "Because it's hard out there and if it wasn't for the Federation and Blended Funding helping keep my family together, I probably would have gone crazy by now...I'm afraid to ask Marilynn and Bob how long this program is because I get too nervous!"

Marilynn leans over dramatically and whispers in Crystal's ear. Crystal's face melts into an expression of relief. "Oh great—then you'll be here forever?" Marilynn explains, "Blended Funding doesn't really have any exit criteria. When families feel they can go back to regular services, and we feel they can be exited back to regular services without any disruption in their family, that's the exit criteria."

Crystal is smiling as her daughter and granddaughters chase one another around the office. "Then I guess we're going to be together for a while."

How the Values of the Wraparound Process and of a System of Care Were Fulfilled

For Lisa and Her Family: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was Fulfilled
Community based	Flexible funding allowed services and supports to be put into Lisa's home; the Blended Funding program even paid a security deposit on a larger house closer to providers. The Project also supported Crystal's decision to have Lisa at home, despite the protests of providers.
Individualized and strengths based	The family participated in a Beyond Blame training whose first step is to identify strengths of the family and their support system. Flexible resources allow the service plan to change at a moment's notice, whenever Crystal needs a particular resource.
Culturally competent	Crystal's need to "drive her own bus" in coordinating and obtaining services was supported both institutionally and personally by the Project and team members, including providers. Individual family culture was respected in that the family's value of remaining together was supported at every necessary juncture.
Families as partners	Despite years of feeling "at the mercy" of professionals, Crystal identified her needs and the supports she would require to meet them. Flexible-funding mechanisms then allowed these supports to be obtained, regardless of whether they were traditional or untraditional.
Team driven	Before the initial team training, Crystal identified all the persons in her life she needed to have on her team. Whenever necessary, team members are convened to solve problems facing the family, but primarily, team members are a resource to be used by Crystal as needed.
Flexible funding	The King County Blended Funding Project has succeeded in pooling funds from Mental Health and Social Services, augments this pool with grant money, and seeks reimbursement wherever possible. With this pool, the Project can "front" money to families and teams to buy whatever is necessary, while Project staff deal with the issues of reimbursement and unbundling of funds at an administrative level. For Crystal, funds were used to provide her with the support and training she needed to keep her children at home and to provide services for Lisa.
Balance of conventional and natural supports/services	In King County, Wraparound teams must be at least 50% non-professionals, and Crystal identified all the persons she wanted on her team before the initial team training. The Project has reimbursed Crystal's informal support persons to perform services such as respite.
Unconditional commitment	The Project has no exit criteria. Federation of Families representatives demonstrate repeatedly in practice that they will always be there for Crystal and her family whenever needed.
Collaboration	Team members are trained to work together to meet the family's stated goals; team members who are not able to work with the family and other team members toward these ends cannot remain members of the team.
Outcomes measured	The Project has a formal evaluation process that employs family members to regularly interview other enrolled families about whether needs in various life domains are being met. In addition, Crystal's stated goals are the benchmarks against which progress is measured.

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For King County: The Community Fulfillment of the Core Values of the System of Care

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	In the King County Blended Funding Project, child and family teams are created to develop plans and identify service and support needs. The team is required to be at least half community based, and all team members are approved by the family. The teams have access to the pool of funds to support their identified plan. Teams are trained in delivering services through the Wraparound approach by the Federation of Families, which also has advocates who support families in identifying needs and accessing supports. Teams are encouraged to become independent rather than dependent on systems and to take responsibility for all aspects of their plan, including budgets.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	The King County Blended Funding Project has been given authority to have decisions made at the level of the child and family team. Resources are developed on the basis of the needs of the children and families in the project. Families and teams can identify needs and have access to funds, and the system is created as a response to consumer needs. The required services are negotiated with each of the systems to ensure that needs are met. If certain parts of the system are not working, alternatives can be developed.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	Again, since the family members can identify their own providers and supports, they develop teams with whom they feel comfortable. In King County, agencies are required to employ diverse staff and to have consultation around cultural competence. However, families may choose providers outside the network of county agencies, which frequently happens. The family support through local family organizations also helps families make connections with culturally appropriate advocates.

ENDNOTES

[i] The Federation of Families charges $400 for a Beyond Blame training, which usually takes 2 to 3 days, depending on the needs of the family. Scott Williams says that some families pay out of pocket for the training; for others, the training can be billed; for others, grant money such as the CMHS pool can be accessed to cover the cost. The $400 fee goes directly into the overhead and operating budget of the Federation. Some families are provided the training for free.

[ii] For example, Procedure and Policy guidelines at the administration level must be met for pooled social services or mental health funding to be accessed. Blended Funding staff working back at the project office often must painstakingly and creatively "re-bundle" the "unbundled" dollars spent flexibly by teams to meet categorical requirements and maximize the reimbursement that flows into the Blended Funding pool.

[iii] The parent who recommended Robin to Crystal had consented.

[iv] Anna says that she and the Federation are so intent on making sure that needs are met that they often pay out of their own pockets for needs like food or clothing and get reimbursed by the Project later. This situation—the lack of a credit card or checkbook that the Project can use flexibly—is the only barrier to services Anna can think of that is inherent in the program.

CHAPTER 5: A FAMILY-DRIVEN WRAPAROUND PROCESS IN STARK COUNTY, OHIO

One of the core elements of the Wraparound process is that it is family driven. It would be hard to find a more powerful example than the story of the Thomas family. Connie Thomas is an absolutely remarkable woman, who has overcome a chaotic history and has taken charge to lead her children to a better life. Connie happens to live in a place where the administrators and providers share her unshakable value of doing whatever it takes to keep her family together. This is their story.

Stark County, Ohio, sits in the northeast quadrant of the state, about 65 miles south of Cleveland. Ninety-two percent of its 367,585 residents are white. The hub of the county is the city of Canton, which houses the Professional Football Hall of Fame. The Canton area is home to about half of the county's total population and to many of the county's ethnic minorities. Outside of this area, which locals refer to as the " inner city," the county is largely rural. The Thomas family lives in a small town about half an hour west of Canton, known locally for its high school football team.

Besides the Football Hall of Fame, Stark County is known for its system of delivering services to children with emotional and behavioral problems. Even before receiving a 5-year grant from the *Comprehensive Community Mental Health Services for Children and Their Families Program*, a System of Care was in place. Canice is a family advocate with the Stark County Family Council—the governance of the county's System of Care. She said,

> *Way before we ever got the grant, our [child-serving] agencies were coming together because they kept seeing that they were all working with the same child. That if a child was involved in one agency, you would usually see involvement in at least two or three agencies. And as the child got older, then many times there was Juvenile Justice involvement. Providers were talking together and saying, "How can we help each other to better serve this child?"*

Rick Shepler is the Coordinator of the Stark County Family Council's Creative Community Options program, the county's Wraparound process. He describes the Creative Community Options meetings as "a strength-based, parent-driven, facilitated meeting where all the professionals get together with the family to come up with a plan for success." He also was an in-home therapist early on in the Thomas family's history. He speculated on how Stark County came to be so "family friendly."

> *I think that it's a small-enough community that there were solid relationships prior to the grant—it's small enough that you could know each other—there wasn't a lot of in-fighting politically—it wasn't big enough for that—but it wasn't so small that there weren't enough resources. I think this is a really optimal size to develop these kinds of services for a community.*

Rick also suggested that the impact of the grant was that it "developed a mindframe for working together to best help families, and it developed a ton of good relationships with professionals. "So I think that's really what holds us together—the relationships, knowing each other, trying to help families. There is a real philosophy of trying to do whatever it takes to help kids."

Who's Who in the Story of Seth's Wraparound

As an aid to the reader, here is a list of the people involved and the roles they played.

Family Members	
Seth	The youth
Connie	His mother
Sarah	His sister
Molly	His sister
Service Providers	
Susan	Seth's care coordinator
Canice	Connie's advocate
Administrators	
Rick Shepler	Coordinator of the Stark County Family Council's Creative Community Options program, also a former in-home therapist of Seth's
Elaine Ferguson	Principal of one of Seth's elementary schools and the school district's Special Education Director

The true test of a System of Care at any stage of development is how it responds to a real family with real needs. "Can the members of this family get what they need, when they need it, in a manner that is acceptable to them, and appropriate to the strengths and challenges that they bring to the situation?"[1] The Thomas family is an example of a family that tested Stark County's System of Care.

Connie Thomas is a single mother of three children: Sarah, Molly, and Seth, who are now ages 16, 14, and 13. Connie is incredibly open. She is willing to share the most painful details of her life in a way that communicates both genuine acceptance of her family situation and the fatigue of struggle. All of her children have had challenges related to emotional or behavioral problems at one point or another. Connie is quick to note that she herself is a recovering alcoholic and addict. She has been sober for over 20 years now, but until 9 years ago, she was married to a man who abused alcohol and drugs. When Seth was born, she was hopeful that having a son would make a difference in her husband's life. Connie said,

> *I guess I was hoping that having this boy would help him stop all the running and the drinking and the drugging, and be a father. But that didn't change. But after I had [Seth], we moved into a house. We might have been there, two maybe three years, and things had gotten so bad that I asked their dad to get the help he needed, or to leave. And at that point, he chose to leave.*

At the same time that Connie was struggling to cope with her husband's behavior, her son's behavior was also unusually challenging. Connie explained,

> *The disciplinary things that I used for the girls weren't working for him. He would go back and do the things that I would typically slap their hand for and tell them no, and they would stop but he would keep going back. He was, by the age of 3, running nonstop, and into everything, constantly, all the time. Touching hot things, and not learning that they were hot. Almost like he needed to touch them again. Very hyper, very impulsive. You couldn't take him anywhere. By the time he was 3, I couldn't take him to the grocery store. I couldn't take him out without having some kind of a harness for him.*

When Seth was 3, Connie sought help, and Seth was placed in a partial hospitalization program for preschoolers. Here, Connie had her first major "parent blaming" experience with the system. She sighed,

> *The psychiatrist that was connected to that program learned about my recovery, and my home life, so he wasn't into medicating this child. He thought that if we just straightened up our home life, that Seth would change. And so at that point, I signed a paper that I didn't want him to see Seth anymore, and I took him outside the agency, the mental health agency, to get medications. That started the long regime of trying this and trying that, and trying this and trying that, and the kid was putting his head through the walls. It was just a nightmare.*

Even Connie's mother, who has been a tremendous support for her, noted, "We had an underlying current from the rest of [the] family, that there's nothing wrong with this kid, he's just undisciplined." Connie is one of five children who all live within about an hour's drive of her home. Support from them waned as Seth's problems became more severe. Connie said, "The family kind of just left, because they didn't know what else to do. It was so bad, and so unruly, and so unmanageable, that they were scared too. And they didn't know what to do either. Everybody was just kind of feeling really hopeless and helpless."

When Seth was 4, the stress of working and raising three children—one with special needs—was creeping up on Connie. She related the story of what she calls her "nervous breakdown."

> *I was still working midnights—a good job, that at the time was paying $10 an hour. There was hospitalization. I ended up having to go on midnights, and I think about six months into that, I wasn't getting any sleep because the partial hospitalization program was calling every day about Seth, and I just could sleep from this time to the time they started getting home from school. And I ended up crashing, and going to a...it was really a treatment facility for stress. And I thought, when they closed the door, it felt so good when the world was left outside. I don't know really what I thought, but it was the first time they medicated me with an antidepressant...*

> *When I left, I left the kids with their dad, and told [Seth's] case manager and therapist in the partial hospitalization program to please watch out for him and make sure that there wasn't any abuse going on. So before I came home, he had gone to school and mentioned something about his father showing him his pee pee. And that caused that partial hospitalization program to call the Department of Human Services and the kids were removed from the home. They gave Seth a choice, you either go with grandma, or we'll have to put him in foster care until mom comes back. So much for the stress center.*

Connie had been away for two weeks. She describes the time away as a positive experience for her—an opportunity to focus on herself and to make a plan for dealing with the issues in her life. "One of those plans," she said, "was I knew I needed to quit my job or I was going to lose this family forever."

Connie left her job, and because she received no child support, she supported her family through public assistance. She also began divorce proceedings and engaged in a court battle with her husband over his role in her family's life.

> *I was so afraid for the kids at that time. I knew that I had enough evidence that I just went at it ... "You can't have the kids, and you can't see them anymore, and we need you to just cut the ties and get on with your life, and we'll get on with ours." And so that's what happened. But in order for that to happen, I had to agree that he didn't have to pay any child support. So I agreed because I thought that was a pretty good trade off at the time. And I don't think that we've ever suffered because of that... We set out at that point to do this life thing on our own. It took a long time. The kids really acted out—all of them. I almost feel like they thought that it was my fault that this happened and that dad was gone.*

The anger level in the home slowly subsided after this point, except in one area—the anger of her two girls toward their brother. Connie understood the cause of the anger: "They would be late for school because he wouldn't get ready. He broke all of their things. He would touch them in sexual places. They couldn't bring their friends to the house. He would embarrass them in front of their friends."

Seth completed his partial hospitalization program and entered a regular education kindergarten and first grade, with special education supports. At the beginning of second grade, after starting in a new school, Seth's behavior escalated to a point that was extremely hard to control. Connie said,

> *Seth started playing with fire, burning my bedroom curtains, burning stuffed animals. Kicking holes in the walls. He painted the girls with fingernail polish one night.... And he would come after you with knives. There was a point where I literally had all I could take, and I was afraid, we were all afraid.*

At this point, when Seth was 7, the Wraparound process began for the Thomas family. Not only was he at imminent risk of removal from his home because of his behavior, but he was also having serious problems in school. Susan, who had been connected to the family as Seth's social worker since he was 4,

recalled the school referral that in part began Seth's Wraparound plan of care. "[The principal] called up and said, 'Do something or get this kid out of my school.'" It is at the point when a child has needs across multiple service systems that Stark County's Creative Community Options process kicks in.

Connie recalled the early team meetings:

> *We started having big team meetings. The belief in the System of Care in Stark County was that children belong at home. So that's when they began asking me, "If you had a magic wand, what would you need to be able to keep this kid at home?" ...I think it was the first time when home-based services came into our home that they put me in the captain's seat, and said, "You know these kids better than anyone, you know your family, you know your home, you tell us what you need. You be a part of this team." And all of a sudden, I was like, "Whoa, somebody's going to listen to me," and it's been that way ever since.*

SETH AT HOME

One thing that Connie needed was help at home with Seth. This help was provided in part through an intensive home-based program. Rick was a supervisor and therapist in this program. Rick is a classic leader: very bright, very articulate, and very passionate about putting families first and doing whatever it takes to help them achieve their own goals. Rick recalled his early experience with the Thomas family.

> *[Seth] was just running crazy around the house—that's the best way to describe it. It was all we could do to try to get him to sit down and participate in some very structured exercises.... He was [also] doing some more gross stuff with his sisters, and Sarah and Molly were just not liking it too much—and I don't blame them. So we were going out and trying to do some stabilization in the home. There were always risks of Seth leaving the house, and Mom would fight tooth and nail for that not to happen, which was a nice match for us because we didn't want to see that happen either.*

Support workers came to the Thomas home every day before and after school to make sure that the girls were not alone with Seth and to help the family simply go through their routines. Connie remembers,

> *Those were the explosive times, that I really needed help. We really needed to hold Seth. We were holding him, I would say 20 to 25 times a day just to get him to sit. And time out for a minute or two minutes. Medication again. We've had every diagnosis down the pike. At first it started out your ADHD, Oppositional Defiant Disorder, always feeling like if I just did something better, or if things would straighten up, that the kid would straighten up, and things would be better.*

SETH AT SCHOOL

Most people who know Seth and his family well would agree that school placements have been the biggest struggle, despite having the support of an excellent principal. Elaine Ferguson was also the district's special education director. One team member recalls Elaine as

a very understanding and a very committed principal who wanted to really work with his mom and keep [Seth] in the school.... She truly changed the way a lot of things were done in the school district to have that happen, and it just was that Seth couldn't do it.

Elaine commented on the importance of trying to keep Seth in school:

This is going to sound kind of trite, but I feel that every child deserves an education, and that our responsibility as educators is to every child, not just children that are easy, or bright, or gifted, or middle-of-the-road where they don't cause any problems, they're just kind of there. It's for every child, that education, and until it gets to the point where the child is going to harm himself, another student, or staff members, then I try any way I can to keep the child in school. That's the environment where they should be at this point in their lives. That's the normal environment for them. And I think we need to try to make sure that they can function in that environment. If you don't have the opportunity to exist in your natural environment, how do you know if you can make it or not?

One strategy the school used to try to keep Seth in his classroom was to supply him with a one-on-one "tag" at school. Susan (who continued to serve as Seth's care coordinator) recalled,

The school was very willing at that time to let somebody come in, and our worker who went in there just kind of blended right into the classroom. I mean, everybody knew she was there for Seth at the time, but yet after a while, she was just part of the classroom. It wasn't any different for her to be there versus somebody else. And he maintained, he did OK. He really responded to the one-on-one in the room.

Canice is a parent advocate for the Thomas family and has been a team member for six years. She often worries about Seth's school placement, noting that school is "real hard for him to do." She adds,

The rewards and the consequences just don't work with him as consistently as it would if it was a child who just had a behavioral issue—because he can try his best and it's still not going to happen unless the plan addresses his mental health issues.

Susan explained that a typical pattern over the course of a school year would be for Seth to start out doing well, but by Christmas break or shortly thereafter his behaviors would start to deteriorate. She described why he had to leave fifth grade for a day treatment center.

He ended up leaving the school in handcuffs because he had assaulted the principal. He had kicked her, he had taken a vase and threatened to break it and cut her, and attempted to take the officer's gun when he was there. When he loses it, he really loses it. He wasn't able to tell us verbally that I can't do this anymore at this school, "I need extra help," but his behaviors were really telling us.

Since entering middle school Seth has been placed in a self-contained classroom for children with severe behavioral problems, with five or six students, a teacher, and an aide. Last school year, Seth was not able to stay in this classroom and wound up receiving one-on-one tutoring for half days. The plan was for him to use his time with his tutor to demonstrate that he could handle the self-contained classroom again, but it became clear that Seth preferred the individualized placement, and he behaved just poorly enough to stay

there. After leaving school at about 11:30, Seth would go to his pastor's home, where the pastor's children were home schooled. Seth would study with them for the remainder of the school day. This combination of formal and informal supports worked well for the Thomas family, and Seth was able to finish out the school year fairly successfully.

The Role of Educators in the Wraparound Process

Elaine Ferguson was the school principal at Seth's 5th grade elementary school, and was the Director of Special Education in the school district where he went for sixth and seventh grades. She reflected about the school's role in Seth's Wraparound team and the role educators might play in general.

We were an integral part. We actually had the meetings at the school. We were a team. When we sat down to talk about what we were going to do for Seth, everybody—the psychologist, our school psychologist, the psychologist from Child & Adolescent, Sue—everyone had something to give to the meeting. It was more like a brainstorming session, where we'd brainstorm things that we could do. And they never said, "Oh you have to do this" to the school people. It was just more of everybody brainstorming and saying, "I think he needs a behavior plan. OK, what should the behavior plan look like?" And the behavior therapist would throw in some suggestions, and our school psychologist would say, "Yes, but that may not work in a school situation. How about if we offer him computer time as a reward?" Just to give you an example, that was one of the rewards we really used. So those were the types of things that we did at meetings. And never did I feel like the school was not important, or that they didn't listen to us. So I think that's what made our working relationship very, very good.

I think that a lot of times as educators, we have the feeling that outside agencies are going to come in and tell us what to do and make us do something that isn't possible with 25 other kids in a class, or even 10. And I think if we learn to trust each other, and work together, I think that is going to help kids in the long run. I know that sometimes [educators are] leery when somebody says, "I'm bringing a parent mentor to the IEP meeting." You think, "Oh no, what are they going to do? Is it going to be a problem?" And we should think just the opposite. "Oh there's one more person to help us work with this child, and brainstorm things that are going to help him be successful." I think it works both ways. I'm sure that they feel that we're educators and they have more experience as far as the mental health part of the child's problem, and we certainly are not trained in that area. But I think we need to take the expertise of everybody and work together.

SUMMERS

The other major challenge for Seth besides school is summer. Connie left welfare and currently works two jobs. She is out of the house from early morning until about 8:30 at night. She bemoaned the absence of viable programs for children like Seth:

> *I think that the programs for kids with emotional behavioral needs need to expand and improve greatly. There is never anything for these kids to do in the summer. They can't fit into a regular day care or a Y program, and there just isn't anything for them to do that keeps them structured and consistent with behavior management, and med management, and all those kinds of things. There are things like that—that I think need to improve—that are barriers to these kids.*

Canice agreed with Connie's assessment and noted that Seth has done poorly in most summer programs. "I think that [they were] over-stimulating for Seth… and [he would often] end up being inappropriate in some way or the other." When Seth was unable to stay in the most restrictive summer

program that the county's child mental health agency offered, the team decided that they needed to try a different approach. The team recognized that Seth "does better with smaller groups, flexible activities, but very supervised" programming, in Canice's words. So for the previous summer, the team had arranged one-on-one supervision for Seth during Connie's work day. Seth did well with that arrangement.

"A GREAT PSYCHIATRY STORY"

Throughout Seth's life, the medical management of his symptoms has been a significant component of his care. An important part of medical management is accurate diagnosis. Until recently, Seth's psychiatric care was not as helpful as it could have been because no one knew what was really wrong. When Seth was a preschooler, he carried diagnoses of Attention Deficit Hyperactivity Disorder (ADHD) and Oppositional Defiant Disorder. Later, he was also (mis)diagnosed as having bipolar disorder, which most people know as manic-depression.[11] Traditional medical management for this disorder, however, did not help Seth. Then, through a chance event, Connie discovered the fundamental diagnosis underlying Seth's various symptoms. About a year and a half ago, Connie noticed changes in Seth's behaviors:

> *When Seth started into puberty, he started developing behaviors that were so different from what we were used to, the typical ADHD kinds of things. All of a sudden these patterns started developing, and he started getting these vocal tics, and all of these barkings. And just things that were "What in the heck is this?" The onset of puberty brought out what the real mental health thing was the whole time... I was at Canice's office one day, and there was this book sitting there,* What Every Family Should Know About Tourette's Syndrome. *I said, "Could I read that?" And she said yeah, and the next time I went to the doctor, I put it down on the table, and I said, "That's what Seth has. This woman wrote this book in my home, and this is what's been going on." And so when he was younger, all the ADHD stuff did come out, but now that we've found some medications that help, he's been better than he's ever been.*

Rick sees this as a "great psychiatry story" and an example of how professionals in Stark County are open to listening to parents.

> *Not only did she find something we didn't see in its very subtle form (now it's not so subtle anymore), but there was an openness to hearing her.... [The psychiatrist] worked with her in a wonderful way. He really listened and validated Mom's opinion. And it hit me: "You're right, of course you are!" We were learning from Seth and Connie about how to do our job better. With true [Wraparound] process, there is an openness to valuing the expertise and the strength of parents. It's the combination of professional and family expertise together that makes it work. It was a wonderful story. I mean, she brought us this information and we just lapped it up and said, "You're absolutely right." Then they started prescribing medication for Tourette's as well. And I think there was some turnaround with that. The current thinking about Seth's primary diagnosis is that he has Tourette's disorder with the triad of impulsivity, tics, and the obsessive-compulsive behaviors. And Connie nailed it.*

Seth Talks About Problems and Progress: An Excerpt

Q: Can you tell me what makes being with kids in groups hard for you?

Seth: Some people I don't get along with, or I try to be the class clown and get in trouble with it. Or people would tell me to do stuff and I'd go and do it even though I know it's bad.

Q: What kind of stuff?

Seth: Like tell girls sexual things. Uh, stuff like that.

Q: What else about being with kids in groups is hard?

Seth: Well, sometimes they'd put me with groups where I didn't like the people and we wouldn't get along and there'd be fights and stuff, name-calling.

Q: What kinds of people don't you like?

Seth: Ignorant people, people that always are calling people names and beating kids up. They think they're better than everyone else, and make fun of you if you're fat or skinny or small.

Q: Is there something that could make school easier for you?

Seth: Not really, if there were easier ...things at school wouldn't happen.

Q: What do you mean?

Seth: Like if I could get like everyone of my friends that I know and that are nice to me and they care and everything in one classroom with me, it wouldn't happen, it would make it better. Or if I had a mentor or somebody that would stick with me or whatever, that's helped a little bit.

Q: What are you proud of that you have done?

Seth: Staying out of DH—the detention home.

Q: I know that's a big one! Anything else that you're proud of?

Seth: Being able to stay out of a foster home and I've been able to stay in my rightful family or whatever you want to call it.

Q: What are your goals now—what do you hope for yourself—say, just for the coming year?

Seth: Coming year? I hope that I get square with my behavior, make new friends.

Q: Is there anything that you would really like for people to know about you?

Seth: I'm easy to get along with. A nice person.

Q: You're easy to get along with and you're a nice person. What else should people know about you?

Seth: Handsome. That's about it.

WHEN THE VALUE OF KEEPING SETH AT HOME CLASHES WITH THE VALUE OF KEEPING HIS SISTERS SAFE

This past summer, Seth stayed at home most of the time. He worked a few hours a week doing odd jobs at a farm down the road from his house, and he did well at that. What was remarkable was that he was able to be home with his sisters at all. In the past, there has been tremendous sibling conflict—so much so that at times, there was concern about whether it was safe to keep Seth in the home. The sisters, and Molly in particular, have been targets of Seth's sexual acting out in the past—which included Seth trying to kiss

Molly and touching her breasts—when Connie was at work and Seth was unsupervised.[iii] Connie describes the response of the Wraparound team to the family's need here: "Wraparound put into place [a plan] where Seth was picked up from school and taken somewhere else until I got home and took control of the situation.... So there again, Wraparound saved him."

A clearly expressed value within the Wraparound process is that children should be kept at home whenever possible—and Seth has always been supported so that he could remain at home. At times, however, Sarah and Molly strenuously objected to keeping him at home. Rick talks about how the team has always wrestled with this issue.

> *I think what [this issue] brings up is the ongoing struggle of decision making that's involved with this kind of a child and this kind of a family. It's not an easy decision to say, "Yes, he stays," or "He goes." In fact, I think it* should *be an ongoing struggle. It should never be easy and everyone involved should struggle with it. The siblings come by it naturally—they are going to be very open—"Get him out of here!" They are very direct about it. But it should be a struggle, Connie has struggled with it all the time, but she is very clear on it. And I guess the beauty of Connie is that she has got such a wonderful clarity of getting beyond the point of the struggle—she's well beyond the struggle—it's clear—"This is my family. My family stays together. We'll figure out how."*

For the Thomas family, the supports that were put in place worked to control Seth's inappropriate behavior toward his sisters. Connie talked about the times when Seth was behaving in a way that seemed threatening to his family: "At those times there were just really tight Wraparound plans that really and truly—I wasn't doing much but holding on. And everybody was in place." Susan stresses that the progress that Seth has made with his sisters has been one of his biggest successes so far.

> *That's still a struggle, but I think now they seem to be getting along much better than they did in the past. You know, the girls were just like, "I hate Seth, I don't want to see Seth, so get him out of our lives." Where now they'll come to his room and check on him at school. They're kind of keeping an eye out on him.*

Seth also noted that there has been progress: "Sometimes I don't get along with my sisters, but I'm doing a lot better with that right now."

SARAH AND MOLLY'S STORY

Although the girls are no longer fearful for their safety around Seth, other concerns remain. Sarah explains what makes living with Seth hard:

> *Nagging. Bugging. Annoying. Trying to hang out with our friends and nobody likes him. And then when we do let him hang with us, he punches my boyfriend. So, that's why we don't want to be around him. We can't stand him.*

Connie points out another area in which the Wraparound process has served her family—arranging for respite. Every other weekend, Seth goes to a group home, and Connie and the girls are able to have "normal time," when they can entertain their friends in an uninterrupted fashion.

Sarah has some insight into the origins of her anger toward Seth. She said seriously,

> *I have a lot of resentment. It's because when we were younger, all of [Mom's] attention was focused on his misbehaviors, and on him in general. And we got pushed away, to the side, and didn't get all the attention that we wanted. And I have a lot of resentment towards Seth for that. And that's probably why I can't stand him.*

The resentment about not having their mother's attention has led to rebellion by both girls. According to both Connie and Canice, both girls smoke, drink, use drugs, and are sexually active. Within a one-year period, both were raped, and both have been in therapy related to their experiences. Their rebellion reached a peak last summer. During that time, Sarah ran away and contacted her father, who had been out of touch with the family for nine years. Since then, he has seen Connie's children on an increasingly regular basis. Molly has had problems with anger, depression, and anorexia, for which she is now being treated.

Canice believes that to some extent Sarah and Molly use Seth's mental health problems as an excuse for their own acting out. Whatever the result, the impact of growing up with Seth on the girls' development is clear, according to Canice:

> *It has been a struggle because we have done such a fine job of keeping Seth in the home and everybody finding ways to have that happen—that what has happened for Connie, it has put her in a predicament of the girls kind of rebelling against her for all of the time spent with Seth... It has taken away from the girls, it truly has, and the girls probably had to grow up faster than they needed to. Now they think they are adults because they were helping—they were partners to their mom. Connie and I talked many times how Sarah was her partner—that was who she depended on—that's who she shared her thoughts with, that's who she shared her cries with. And so I think we took Sarah from being a little girl doing girl things to, "I've experienced all this, I must be an adult and I should be doing adult things." And Molly being in the middle, because she had to compete with Sarah who could do a lot of things, and had the smarts, you know, school wasn't that difficult for Sarah if she chose to do it. To Seth who was getting all the attention because nothing was working with him. And it was as if, "Oh, Molly is a good kid," so we didn't take time out to think about her needs.*
>
> *So when you think of all the troubles Connie has gone through and what she has gone through with Seth, you think, "Gosh, how could these girls do this to her when she has so much put on her?" It's not that they are doing it to her, it's just that their lives just went a different way and they needed to do it. And I think, as a parent, she has done wonderfully—not putting blame on anyone, but just saying, "This is the way our life is, and this is what happens when you live in a life like this, and it's no one's fault, we just have to figure out how to make it work."*

Connie is very confident in her resolve to keep her family together. She works on teaching her daughters her fundamental value: "What you're handed, you don't just give away! You learn the lessons and you work through, and you go through the process of all of that. They're just not old enough to see that yet." Connie added, "It has been difficult, that's for sure, and it's just been a lot of work, a lot of hard work. I've gone through my angry times and my frustrations," Connie smiles then, "and I love ...them [enormously] at the same time."

A FAMILY-DRIVEN WRAPAROUND PROCESS

In the Thomas family's case, there is little question that the Wraparound process helped them "make it work." The element that made the most difference was that their Wraparound plan of care was truly family driven. Connie said,

> *Up until five years ago, when all of [the family advocacy] started taking place, we were in pretty sad shape, but the grant and that whole mindset of letting parents drive their program, and letting them be in the driver's seat, and you just stick in the services—that helped. Ever since then, things have been much easier, much easier. I don't feel like I'm clawing and fighting anymore. Or trying to prove that I haven't done anything wrong that's caused my kid to be this way.*

Rick, who runs the Creative Community Options meetings for the Stark County Family Council, is particularly invested in ensuring that the process is family driven.

> *[Families] are in the driver's seat—it's never my assumption that I have to put them there or get them there—they are there. I am a passenger in their car. What are some ways to empower parents? First of all, from the get-go, this is how our relationship starts: "This is your family, you are an expert on your family." They need to help me as much as I need to help them. But again it is my philosophy that* they *are in charge and it never changes—never changed when I got there, never changed when I left... [With the Thomas family], Connie let you know she was in charge. Very clearly. She helped a lot of professionals understand it better. She was and is a wonderful resource in that way.*

CONNIE AS A PROFESSIONAL PARENT PARTNER

One of Connie's two jobs is as a parent partner for the county's mental health agency. She began volunteering there five years ago, when she was still on welfare. She then moved into a part-time position and for three years has been full time. To Connie, her work is more than a job; it is a true calling. Connie explains in a very sincere and heartfelt way, "I have a strong, strong faith and belief in God, that's grown because I've seen what He's pulled me out of and really all I've done is follow directions." She said that she went to a parents' meeting at the mental health agency five or six years ago and went home a changed person. "I went home, and you could ask my mom and dad, I said, 'This is it. This is why I had Seth.'" She continued,

Sure enough, I kept just walking and supporting and coming and learning, and when I applied for the job, I got it. And I almost knew that that's where I was supposed to be, and that that's for me, it helped me let go of all the frustration, and it gave me a reason for Seth, and for why my family has been through what it's been through. My reason is to be able to give back.

Connie is currently the only parent partner in her agency. She described her role:

I just feel like it's a huge support role, that helps families feel not so alone out there when they feel like they're being swallowed up by this big system that their kids have managed to get thrown into. Whatever it may be, court, neglect. And I love it. Not very many people take their clients to lunch and talk about their lives together. And I share so that we have something in common. I'm not above them or below them, I'm right there with them. And there's a lot of people that don't understand how that connection works, and why it works. And when my family is at a particularly low place, I've had comments like, "I thought you were supposed to be the model parent in this agency." Maybe you have things all wrong, or you're not understanding why my situation works with other families. It's because I'm struggling with them. I'm equal with them. I am not saying I'm the model parent, I'm saying I understand their difficulties.

As a professional, Connie has become a co-worker to several of her team members. Rick noted that "as professionals, we need to be open to seeing parents in helping roles and to allow them to help us help others."

BARRIERS TO SUCCESS

Apart from finding an appropriate school placement and summer program, the two barriers to success mentioned most often by Seth's Wraparound team were "traditional interventions" and staff turnover. By traditional interventions the team members meant that ordinary behavioral interventions haven't worked well with Seth. As Susan explained, to be effective with Seth, consequences have to be immediate. A lack of immediacy was a problem in some of Seth's interactions with the juvenile justice system. In contrast, when he was removed from his school for assaulting his principal, the consequences were immediate. Susan explained,

For the assault charge, that really impacted him because it happened right away, and they held him for [10] days, because Connie said, "I'm not taking you home, you need consequences here." That really impacted Seth. He had another charge where his mom called because he broke into his neighbor's house and took their BB gun. And that wasn't helpful because it was months later that he made it into the courts about it. By that time, it had no impact. I mean he really didn't even know hardly why he was there.

The barrier of staff turnover among direct care providers has been an issue in Seth's Wraparound process. Although his team has been remarkably stable (Susan has been Seth's care coordinator for 10 years, and Rick and Canice have been team members for 6 years), many changes and transitions have occurred among front-line service providers. When asked what her biggest challenge has been in serving

and supporting the Thomas family, Susan said, "Finding people, finding bodies to actually do the work." Many of the support staff are college students or other professionals looking for a few extra hours to work. Susan said,

> *And you know that has been a real disappointment for Seth, because there's been a lot of people in and out of their lives and that's one of the hard parts for him—because he gets attached and then they go away.*

Sometimes, there are simply no staff to fill a role, and the service or support does not happen. This past summer, for example, Susan looked for but could not find a male helper to provide one-on-one support for Seth. The role was never filled.

CELEBRATING STRENGTHS AND LOOKING TO THE FUTURE

Seth and his family have come a long way, yet are still very much engaged in a process of growth. The members of Seth's wraparound team are quick to describe his strengths. Susan smiled warmly as she said,

> *He has a great sense of humor. He is very compassionate and sometimes people don't see that. He has a great heart... And he's h lpful. He'll come in—he got suspended from school once and we thought, "Well, as a consequence he can come in and clean." But he enjoyed it! We thought, "Well, that didn't work!" He's got a ton of them. [Most of all], he loves his family.*

Rick is also quick to praise Seth's finer qualities:

> *Seth is great! He is totally endearing. He's real impish in the way he acts out. He'll get a little grin on his face and you know something's going to go at that point, but you still love him. He's a very caring kid and he's a very helpful child... It's a good feeling to see him, and I'm sure he feels the same thing. Because he can be quite fun when he's not damaging property and doing obscene gestures to you.*

The team members also have a common vision of Seth's future. Simply put, "There is no end." Susan, Canice, and Rick each expressed their expectation that Seth would be involved in mental health services as an adult. Rick elaborated, "There is no end. That's the 12-step program and that's what's Connie has taught me. It's day to day. Tourette's will not go away. That's Seth."

Connie is guardedly hopeful in her crystal-ball gazing. She said,

> *I hope to see him working. I hope that he can develop some...I don't know if I even want to say friendships, but that he can develop some personal supports for himself. And kind of let go of me being everything. He used to always say, "I'm going to move to Oregon with you Mom." And I'm thinking, "No, please don't."*

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Connie paused, then continued.

> *There's a part of me that says I'm going to have this kid forever, and he's never going to leave me. And then there's another part that, lately, in the last year, he did end up, in partial hospitalization, having a girlfriend. He actually had a kiss from her. I thought, "Maybe there's hope yet."*

Connie sees not only hope for Seth, but purpose as well. She has begun teaching him that there's a reason for him being here. I said, "You don't understand how special you are, that you are educating all these people about mental illness, about what's going on inside of you, Seth. Teach other kids that too, that you are different, and that it's OK to be different."

The Wraparound process has helped the Thomas family meet their major life goals—to stay together at home, to keep the children at school, and to get along better with one another. Connie emphasized the progress that Seth has made.

> *He has grown from someone I really thought would be institutionalized into—"he's not half bad, is he?" He's not half bad. I think with more work and I'm not sure how much emotionally he'll grow, but each year, I see a little bit more maturity. It penetrates him a little more in different areas. And I look at people, and I go, "You just don't know! This is wonderful!" Although he's made all this progress, he's still a chronic, deep-end kid who gives everybody a run for their money. But I think people see growth, and they see things changing, and we're a lot different than we used to be, and he's a lot different, so there's a little piece of hope, too.*

How the Values of the Wraparound Approach and of a System of Care Were Fulfilled

For the Thomas Family: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was Fulfilled
Community based	Seth has always lived at home and has attended his neighborhood school most of the time.
Individualized and Strengths based	A number of supports were designed specifically for Seth, such as partial home-schooling by his pastor and babysitting by the family advocate's daughters. Seth's involvement in work opportunities and his rewards at school are all strengths based.
Culturally competent	The family culture of faith in God and reliance on a 12-step system was respected and regarded as a strength by the team.
Families as partners	Connie was more than a full partner on her team—she drove most decision making about her children.
Team driven	The team process was important for brainstorming options for Seth and for accessing formal services.
Flexible funding	The plans developed through the Creative Community Options (Wraparound) meetings were always fully funded by the funding body.
Balance of conventional and natural supports and services	Team members agree that Seth will always rely on formal supports to some degree, so removing them is not a goal. Informal supports, such as relatives and neighbors, have proven to be extremely helpful.
Unconditional commitment	The team has been unusually stable and has not and will not give up on Seth.
Collaboration	To a greater extent in Stark County than in many other communities, the child-serving agencies come together constructively to better serve children and families.
Outcomes measured	The outcomes that matter to the family, such as keeping Seth at home and in school, are continuously monitored by the team.

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For Stark County: The Community Fulfillment of the Core Values of the System of Care*

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	In Stark County, child-centered, family-focused services based on child- and family-identified needs are most clearly reflected in the Creative Community Options (CCO) process. The CCO is a facilitated, family-driven, and strengths-based team meeting for children who present with challenging or multiple system needs. In partnership, the child, family, and professionals co-develop a Wraparound plan that is based on the identified needs shared during the meeting.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	In Stark County, management and decision-making responsibility occur at the local level through the ACCORD: A Creative Community Options Review Decision. The ACCORD reviews requests for funding services for children who present with intensive needs and multiple system involvement. CCO Wraparound plans for children may be presented to the ACCORD for funding if no other funding covers the services in the plan. The ACCORD is made up of middle-management professionals representing the main child-serving systems in the county (Mental Health, Mental Retardation Developmental Disabilities, Schools, Juvenile Court, Department of Human Services, Drug and Alcohol Board). These child-serving systems pool their funds for children with multiple system involvement.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	Through the Stark County Family Council, the county has established a Working Council on Cultural Competency, which monitors the community's training needs related to the delivery of culturally competent services. In addition, the Stark County Family Council employs a minority outreach coordinator who serves as a community liaison for the special diversity needs of children and families in the community.

* **For more information**, see the Stark County Family Council's Web page at http://www.starkfamilycouncil.org/. Especially useful is the "Seamless System of Care Manual," which provides discrete lessons on building an infrastructure to support the Wraparound process.

ENDNOTES

[i] Lichtenwalter, C. (1999). A System of Care for children and families: Stark County, Ohio. In National Resource Network for Child and Family Mental Health Services at the Washington Business Group on Health (Ed.), *A compilation of lessons learned from the 22 grantees of the 1997 Comprehensive Community Mental Health Services for Children and Their Families Program. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume VII* (p. 79). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

[ii] Bipolar disorder means that a person, in addition to times of depression, shows periods of seeming either very happy or irritable, along with symptoms like overly inflated self-esteem, decreased need for sleep, increased talkativeness, racing thoughts, distractibility, or agitation.

[iii] Susan notes that the Department of Human Services was properly notified of all behaviors harmful to Seth's sisters.

CHAPTER 6: FAMILY CENTERED YET SAFE: A WRAPAROUND BALANCING ACT IN WASHINGTON COUNTY, VERMONT

"Services should be child centered and family driven." For providers who have embraced the Wraparound process, perhaps no principle is as intuitive as this. Parents and grandparents, uncles and aunts, siblings and friends—those persons who are inherent to a child's or youth's life—are the foundations on which any plan must rest. Within the Wraparound philosophy, meaningful changes that benefit a child and family cannot be achieved when professionals drive the process.

But what happens when the need for the safety of people in a community clashes with a family's wishes? In this chapter, we describe one such scenario, in which a youth with sexually offending behaviors was referred to providers who work within the Wraparound process and are committed to keeping all youth, even those who might be a threat to other children, in community-based settings close to their families.

The story of Reba and her family is one of great successes, but successes that did not come easily. At first, it was difficult for the providers on Reba's Wraparound team to fully honor the wishes of family members. One reason was that mother and daughter did not always share the same treatment goals. In addition, providers felt a duty to balance family voice and choice against potential risks that might have been posed to Reba, her mother, and others.

As a result of these tensions, the intuitive Wraparound element of child- and family-centeredness became exceptionally complicated. But as we learn in this story, the power of adhering to several crucial Wraparound principles—providing unconditional care, using flexible funding to create a matrix of therapeutic and support services, and using a team approach—eventually resulted in significant shifts in the family's dynamics, as well as in Reba's behavior. And in perhaps the most dramatic shift, both Reba and her mother have been able to become full players on the Wraparound team.

A DIFFICULT HISTORY

Dede Carpenter is standing on the stoop of her home beside a rural road near the town of Brookfield, Vermont. Situated in a clearing between a small farm and an apple orchard, and across from a glen of tall trees, the picturesque setting is a far cry from what many might envision for a trailer home. Dede

looks across the rolling hills spread out to the southwest, which, along with the perfect skies above, frame the Green Mountains in the distance. She describes the place she considers to be home for herself and her daughter, Reba.

> *To me, it's been home for me in Brookfield. That's where my parents were born and raised and I was practically born and raised here. I'm not a city-goer. I like the trees and the dirt roads and the summertime. Look at the mountains, watch the sunset, stars come out. You can go out and have your cookouts, family gatherings. The winter—that's the hard part. And for Reba, well, she was bounced around.*

Who's Who in the Story of Reba's Wraparound

As an aid to the reader, here is a list of the people involved and the roles they played.

Family Members	
Reba	The youth
Dede	Her mother
Service Providers	
Deb	Reba's Social and Rehabilitative Services case worker
Lynn	Reba's care coordinator, and a former respite worker for Reba
Carolynn	Reba's foster mother, and a former respite worker for Reba
Administrators	
Don Mandelkorn	Director of Washington County (Vermont) Office of Social and Rehabilitative Services
Phil Wells	Director of Washington County (Vermont) Office of Mental Health Services
Professors	
John Burchard	Professor of Psychology at the University of Vermont, and a Wraparound Researcher

Dede puts her two energetic dogs in their pen outside the trailer. Once inside, with Gordon, her husband of 18 months at her side at the dining table, Dede continues to describe her 16-year-old daughter's childhood. What emerges is a narrative of both regrets and hope. And though Dede frequently alludes to her difficulties with the Wraparound process, particularly with respect to the state's taking of custody and her daughter's eventual placement in foster care, her hopes for Reba are clearly grounded in the successes that have resulted from her family's participation in the Wraparound team.

> *I've moved several times since she's been born. From Brookfield to Northfield to Randolph to Middlebury to Ripton. Back to Northfield then back to Brookfield, et cetera. That's all there was when she was growing up. I was trying to find my life. I was running. I wasn't settled down yet. So I'm glad she's got a stable home now.*
>
> *Reba was 2 or 3 when her father molested her. She knew what happened. She showed us. She said, "Daddy touch." That night we went down to the hospital to find out and we came back and he left. He ended up going to detox because he was drinking. Later,*

he wanted to know if he could come back home. At that time I thought it would be a good idea to have her father back with her. Then he didn't stop drinking and that's the way it ended.

Although Dede did not live with Reba's father for very long after the incident, he continued to be a presence in her life. He died when Reba was 9.

Reba first came to the attention of the Department of Social and Rehabilitation Services (SRS) when she was 12 years old. A family friend caught Reba in a closet, engaged in sex play with the friend's two daughters—one Reba's age and one age 9. Soon thereafter, Reba was also found to be performing sexual acts with younger boys on the school bus.

"Going back to the first thing that happened, I was shocked," Dede says. In describing the many details about Reba's offending behaviors, she alternates between taking the blame for her daughter's sexual acting out and minimizing the behaviors and her responsibility for them.

When I got the complaint [about the two girls], I always said, "It takes two—it's just typical 12-year-old stuff." I felt that [the girls' mother] should have been watching them better. There again, Reba and I got the blame for the whole thing, which made me angry at first.

But Dede pauses here, and evidence for the shift in her beliefs about Reba's situation emerges—one of many shifts that encourage the service providers on the Wraparound team. She takes a deep breath. "Reba was molested by her father and by her cousin. I was told this [behavior] was coming, but I thought I was taking good enough care of her so it wouldn't happen. I guess not."

Dede pauses again and takes a breath. "Reba is a sex offender, yes. It takes me a long time to admit it. I'm hoping all this [treatment] has helped. Reba says it has. But it's hard to say if it has or not because she started so young."

A TEAM APPROACH

When Reba was 13 years old, the mounting number of reports of sexual acting out behaviors and concerns about appropriate supervision at home led to her being placed in SRS custody. But Reba was not removed from the home or placed in a residential program. Instead, because of Washington County's long history of providing cross-agency, community-based Wraparound care for children with any type of emotional or behavioral problems, a Wraparound team was immediately convened that consisted of key service providers and school officials, as well as Dede and Reba.

"Back in '89, Washington County was one of two sites in Vermont to get involved in the Robert Wood Johnson grant opportunity and the initial CASSP initiative to bring back youngsters from out-of-state facilities," explains Don Mandelkorn, Director of Washington County's SRS office in Barre, a small city of 10,000 persons about 10 miles from Dede's Brookfield home. Sitting with Phil Wells, his counterpart from Washington County Mental Health Services, Don is describing how agency partnerships in Washington County have allowed professionals to first ask "what does this kid need to stay in the community?" rather than "who has jurisdiction over this kid?"

We became very efficient," explains Phil, "not replicating a lot of service—because it's 'our case,' not 'my case.'" Don continues,

> *Now while those first youngsters had aggressive behaviors, it was not a situation where it was offending behavior. And then around '93 or so, we started to apply the technology to youngsters with sexual offending behavior, because that was the last bastion of kids, so to speak, where there were general assumptions that they would go to a residential program. Particularly with older adolescents, we felt that they would go away for 18 months to 2 years and come back and then be essentially out of our jurisdiction because of aging out. What sense did that make? We felt it would make much more sense to start using a Wraparound process before they ever left the community—just transition them into a more normal life from day one. And we took off with that and we essentially used the process for every youngster with sexual offending behavior.*

In Reba's case, within a few weeks, the family's care coordinator had put together a range of services: individual therapy for Reba, a group intervention for young persons with sexual offending behaviors that included a support group for Dede, an in-home therapist to support Dede and help problem solve around parenting skills, and "therapeutic" respite care to give Dede needed breaks from parenting an aggressive daughter and get Reba into supervised community activities and school services. Nonetheless, the first year of Wraparound was very difficult. Reba continued to act out sexually toward peer-age boys and older men, was not participating actively in her individual or group therapy, and was becoming increasingly aggressive at home toward her mother. "She beat on me," says Dede.

> *She would get so angry. I would tell her she couldn't do something. She'd say she was going to do it anyway. She threw the phone at me, hit me in the chest, pushed me on the bed and said, "You ain't getting up!"*

The Wraparound team monitored Dede and Reba's situation carefully, suspecting that severe negative behaviors were occurring, but recognizing that Reba and her mother were partnering to not disclose the gravity of the situation. According to Deb Couture, Reba's SRS case worker, the team wanted to strike a balance between ensuring safety and honoring the family's intense desire to stay together. In addition, says Deb, the team decided that the most therapeutic method of increasing the intensity of Reba's services would be to let the family members come to that decision themselves.

It was [Reba's individual therapist] who said,

> *We need to give the power to Dede to actually say these things to us. They played a very good game for a year, with Reba manipulating her mother to not disclose the aggressiveness and all that. But for whatever reason, finally Dede decided enough was enough. Then it came down to a very simple conversation with me: "You know, she hits me. She goes out and I can't control her. She drinks and there are other people here." And it all just came out, and Dede had the control. The Wraparound let us [get to that point].*

At that point, with Reba almost 15 years old, the team took the information Reba confided to Deb and used it to secure a therapeutic foster placement for Reba. Deb says that if she were merely a case worker without a committed Wraparound team, the family's shift would not have occurred. Reba would either have remained at home, without such a shift in family dynamics, or eventually have been placed in a restrictive environment.

> *If I didn't have a Wraparound team and there was not community services and support like there was for them in the beginning, she would still be at home and who knows what might be going on there. Actually, what we would have is a very oppositional young lady who would not work with us and who would have had many placements in [detention], things like that.*

Even though she eventually confided that she could no longer supervise Reba at home, Dede's perspective on the team and its decisions continues to be mixed. "To my mind, they took my baby and I lost two years," she says. At the same time, however, her attitude suggests the shift seen by other team members. "I just recently started agreeing with [the team's] decisions. They're doing what's in the best interests of Reba."

REBA TELLS HER STORY

If her mother's shift toward embracing the Wraparound team's decisions remains tentative, Reba Carpenter does not betray such sentiments, at least not outwardly. Somewhat incredibly, this high school sophomore whose supervision needs are such that she cannot go to the corner store by herself or get up to sharpen her pencil without the accompaniment of her one-on-one school aide, says that she is in synch with the professionals whose plan keeps her freedom so limited.

> *If I had not gotten caught doing what I was doing, and if it wasn't for my Wraparound program, I could possibly be out there offending more. I would not be in high school and I would possibly even be a mother. And I'm not ready!*

In the brightly lit, colorfully decorated downtown Montpelier apartment she shares with her foster parent, Reba sits at the kitchen table, a sturdy, composed young woman in wire-rimmed glasses, camping shorts, and Birkenstock sandals. Talking to Reba, one cannot help wonder whether this actually is the same person whose behaviors made her seem to one provider "almost intellectually limited" in a previous

environment. With direct eye contact and a measured tone interrupted occasionally by a wide smile or laugh, Reba describes how she perceives her "locked down" status: "They're doing the right thing. The freedom is up to me. How much freedom I get is how much I can handle. They're giving me what I can handle." To someone who has worked with adolescents before, it seems like a line. But Reba's forthrightness about her situation makes her perspective convincing.

> *I mean, yeah, I get frustrated and say, "Oh, they just don't want me to have the freedom," and I'll tell them, "You just don't want me to do this." But deep down I know who it's about. It's not them, it's me.*

How Washington County Moved Toward Community-Based Services for Families

A conversation with Phil Wells and Don Mandelkorn of Washington County, Vermont

How does a community begin to move toward using community-based Wraparound methods to serve children and families?

Don: We have had the pleasure to do trainings and presentations and lots of times we are viewed with skepticism because people want to believe the work we do could only happen in Vermont. Now it's true that a certain culture needs to be in place, but it's not a prerequisite. I think people need to remember that they should start with one kid at a time and not look at it as trying to create an entire program for 49 million kids. Start with one kid and invite the people who are already involved with the kid, who have some commitment and know the pluses and minuses of their own particular agency issues, and have those people say, "Let's just talk about what the kid needs first, and what the strengths are." Oftentimes I'm convinced you can get to a place where you can try to do something different than making a referral to a distant placement. Start with just one kid and not look at it as any larger than that.

Phil: I agree with Don—it has to be one kid at a time and the players in a community should be focused not on the system, but on the kid. Like Don said, we've traveled all over the place and people say, "Oh, you spend so much money on your kids." But I can't for a second believe that other places aren't spending the same amount of money on different types of things, but unfortunately they're not talking to each other about how they could focus that money differently.

But what about when personnel from different agencies have different ideas about the appropriateness of serving children in the community versus in residential care?

Don: It has been our experience that the people we hire now need to understand from day one or be willing to understand it from day two: This is what we do and this is what we try first, this is what we believe in—keeping kids in their home community. Both mental health and social services have that attitude, and that has been a large measure of the success. Regarding what a program or service component offers—whether it's community-based or residential—we always ask the same question: "Well what is it about that place [or service] that you think this kid needs?" And if that question is answered, we have an opportunity to say, "Well, we think we can do that, let's try that and talk about that." That's what is different—people don't come to the table saying, "Well, we think he needs to be out of the community." Instead, between our two offices, everybody is saying, "What is it that we need to do in order to keep the kid in the community?"

Even if it is difficult to be convinced that Reba truly accepts the significant limitations on her freedoms, her progress speaks for itself. Before coming into foster care, Reba was nearly flunking out of school, and she was not actively participating in either her group or individual therapy. She had few friends. When the team arranged for Reba's foster care, it made sure that she was in the district of nearby

Montpelier High School, which has a successful history of supporting students with difficult behaviors. After gaining the one-on-one aide in school, Reba saw her network of peers expand. As she accepted restrictions in some domains, the world opened up for her in others.

"She used to be a very poor student and now she has made the honor roll for something like six straight quarters," says Lynn, who has been Reba's care coordinator for nearly two years and who had provided respite for Reba before that. Lynn is another example of how Washington County's long-term, community-based approach has helped find exceptional matches between Reba's needs and her supports. When Reba's first care coordinator left, Lynn was tapped for the job because of her previous relationship with Reba and because of her experience with youth with sexual offending behaviors. (She has a foster son at home with such issues.)

> *I would say her peer interactions are now a great success. She never used to have friends and now she has a ton of them. Since she has been at Montpelier, she has had supervision, and she can check her behavior and is not afraid to start a conversation with someone.*

Reba's school placement is an example of the Wraparound team's flexible approach to finding the right fit for Reba. Though it is not unusual for providers to negotiate the system to the benefit of their clients, Reba's success in school was in large part due to the responsive problem solving of the full Wraparound team. At first, Reba wanted to stay in school in her home district in Brookfield, a desire that the team respected. But Reba's team quickly perceived that Reba could not get the therapeutic support she needed from this school district, despite efforts to put the supports in place by Deb and by Reba's group therapist. Eventually Reba, through the forum of the full Wraparound team, discussed how she felt ostracized at the high school. As a result, the team, with Reba and Dede's consent, agreed that the foster placement would be in the district of Montpelier High School, which had a much better record of working with youth with offending behaviors.

For Reba, however, the changes in her life go much deeper than mere school successes.

> *I used to do a lot of drinking and smoking. I was so violent people didn't want to be around me. When I came into foster care, everything came out. My life has gotten easier. I have higher self-esteem. I never liked myself until 19 months ago.*

In addition, Reba began to disclose a number of previously unknown instances in which she victimized younger children. Soon, she found herself comfortable enough with her providers to disclose fantasies, which facilitated her treatment process greatly.

Like Deb, the SRS case worker, Lynn believes that the remarkable progress Reba has been making in school, with peers, with her behaviors, and with her treatment largely stems from the team's supporting the family to make its own decisions. For example, many team members were concerned about Dede's

ability to provide adequate support and supervision. In addition to her inability to maintain structure for Reba, when the family was living together she had let Reba assume inappropriate responsibilities, such as medical care for Dede's diabetes. Despite these concerns, the team let the care plan reflect a goal for reunification—until Reba found a new direction, as Lynn, Reba's care coordinator, describes:

> *There was a big shift. Reba came forward and said, "I've been spending a lot of time thinking about reunification and I'm afraid I will go right back to where I was before, and my mom won't be able to do anything because I'm not going to listen to her. I want to stay in foster care and graduate from Montpelier High School and not leave."*

Lynn credits the intensity of the therapeutic support for Reba's insights.

> *She did a lot of process work with her group and with her individual therapist, and a lot of casual conversations with Carolynn [Reba's foster parent]. And we had a lot of conversations, and she had obviously spent a lot of time thinking about it before she finally said, "Change the case plan, will you?"*

In addition to providing a full net of supports, the intensive mix of services, intended to be ever-shifting to meet Reba and Dede's needs, has allowed Reba to work on the complex issues surrounding her offending behaviors. Though many youth with such issues have an array of services, Reba's Wraparound team has allowed them to be sculpted into a cohesive whole. Instead of completing risk preparations[1] with only one member of the team, such as her individual therapist, Reba has monthly team meetings that allow her foster parent, school aides, care coordinator, and others to process what risks Reba is perceiving about being in the community so that everyone who works with her knows what courses of action may be needed. In addition, the team, under her individual and group therapists' guidance, worked out a plan for Reba and Dede to exchange therapeutic letters so that, as Lynn puts it, "Each of them can pinpoint specific issues and concerns without having to feel the tension of a face-to-face conversation." Now, Reba and Dede's visits with each other are supervised, and the team can discuss how well those visits are going and whether Reba and other team members will feel comfortable with less supervision in the future.

What is interesting is how the individualized plan of care for Reba emerged through the team process. The careful coordination of this creative matrix of services is widely viewed as having worked better for the family than if the services had been delivered in an uncoordinated manner. Says Deb,

> *We're trying to keep things close, and have Reba grow up with a family that's really her family and not just a bunch of foster parents and some providers—while also making sure everyone's safe. I think Dede sees that and Reba does as well.*

For Reba, this close-knit group of providers has helped her become active in treatment.

Before I went into [foster care], I was on probation and I thought my team was going to put me into residential [treatment] because of my attitude, and I stopped doing my treatment. I'd go [to the sessions], but... I wouldn't participate. I really thought my team was going to say "that's it" and put me in residential. But they never did. It's been all about them not giving up on me, because I'd give up if they weren't sticking with me.

Collaboration in a System of Care to Support the Wraparound Process

A conversation with Phil Wells and Don Mandelkorn of Washington County, Vermont

What kind of processes exist in your agencies to instill this collaborative philosophy in staff?

Phil: We have come up with lots of written and unwritten rules on how we behave together. For example, if a [mental health] case manager has a problem with a social worker, the case manager goes to the social worker; if the social worker has a problem with the case manager, the social worker goes to the case manager. If they tried that and it failed and they don't know what to do about the issue, they go to the supervisor. And the supervisor talks to them about going back to that person. And if that doesn't work, then the supervisors will talk to each other about how to get the people to reach some sort of understanding. So, there's conversation on all levels. And we're talking about a total of 40-something people here.

Don: Another systemic process is that we have a joint staffing of kids every three weeks in which social workers or case managers can bring kids' situations to a team that's made up of Phil, myself, some other administrative, non-caseload carrying types of individuals in both systems, to process what's going on, and to talk about what kinds of things we can do together. And we have an inter-agency group that has folks from other systems on it as well, trying to recruit foster parents like Carolynn, and other resources we need for the kids who can't live at home. So it's not just [social services] trying to recruit and Mental Health trying to recruit, it's people trying to do it together so we can serve kids together.

SUPPORTING THOSE WHO SUPPORT REBA

If one individual could personify the heartfelt tenacity of her team, it is Carolynn Smith, Reba's foster parent. Any team member will tell you that it is Carolynn who has made the crucial difference in Reba's progress.

Reba spells it out: " 'C-A-R-O-L-Y-N-N.' A lot of people don't know how to spell it. She's my foster parent. She's somebody who looks to the future and wants me to have the best in life, and I've never had anybody to do that." Lynn puts it this way:

You don't get a lot better than Carolynn and Reba. Carolynn has saved this placement in that, in the moment she will be so frustrated and feeling like, "Man, I'm going to rip my hair out." Because, you don't understand, having to continually patch the walls [with a youth who was destructive to property] would be easy compared to Reba's manipulative behaviors—as well as the complexity of monitoring a youth who requires constant supervision. And then when I sit down with [Carolynn], she has this wonderful talent for rephrasing it so positively and saying, "You know, I'm not going to give up on this kid. She's not going to leave here unless she really decides to leave. I'm not going to let her go."

Carolynn came to rural Vermont from an urban setting, Mount Vernon, New York, not to become a foster parent, but to be in a beautiful place in the world and continue her career as a professional storyteller. She met Reba through a friend who provided respite for Reba in the initial months of her treatment.

> *I thought [she] was a very engaging young person, fun and just pleasant to be with. At that time, I knew nothing about her background. I knew she was on probation, but I didn't know what for. I thought she stole some fingernail polish from Woolworth's or something. I had no idea.*

Later, team members recruited Carolynn to provide respite for Reba and, shortly after Reba was removed from Dede's home, to become a half-time foster parent, sharing the duties three and a half days a week with another foster mother. Carolynn relates how she eventually became the full-time foster parent.

> *The two-parent thing wasn't working very well, and Reba started pleading, "Why can't I live just with you? I don't want to live with her." And her voice was heard. I said, if [the team] lets me, I'll try. Of course, it was kind of frightening. I was just learning about her issues, and I was like, "I came here to write and do storytelling. I didn't come here to do this."*
>
> *I can't say, in all honesty, that there haven't been moments when I've said, "That's it—I can't take it anymore. Tomorrow I'm going to call them and tell them to come get her." She is trying to break me down or we have a blowout or something and she goes back into her room. And I go back to see her. It's quiet. And she's lying there asleep. She's like anybody's kid, and I fall in love all over again.*

As we heard earlier in the chapter, Carolynn's deep commitment to Reba also seems to have eased Dede's pain about her daughter's removal from the home. "When she came home the first time she met her," Dede says, "Reba said, 'Momma, I like Carolynn, but you're not going to like her.'" Dede asked why. According to Dede, Reba told her, "'Well, she wears her hair different and she's a different color.' I said, 'Reba, we're all God's children.' Then she said, 'Well I'm glad because I love her.'"

"Once she packed up and said she was going to leave Carolynn, and I got really scared," continues Dede. "She needs her stability. But Carolynn just said [to Reba], 'You calm down,' and she wouldn't talk until she was calmed down. I can talk to Carolynn like she is one of the family," Dede emphasizes.

The team recognizes that Carolynn, too, needs stability to remain the linchpin of Reba's treatment. In keeping with Reba's, Dede's, and other team members' observation that the stability of Reba's foster placement is crucial to the effectiveness of other treatment components, the majority of the almost $59,000 annual budget goes to compensating Carolynn adequately and providing her and Reba with supports, such as respite. Carolynn is paid $3,000 monthly—tax exempt—for her work as a therapeutic foster parent. Though this amount is higher than what most public social services agencies nationwide pay for foster care,

Don and Washington County SRS officials recognize that the annual cost is certainly far less than even a few weeks in most institutional settings. Deb, whose agency completely foots the bill for the placement, also recognizes the high return on this investment.

"I would pay her $5,000 per month," says Deb, who clearly is not exaggerating. She emphasizes that if it were necessary, SRS would indeed pay that amount for Carolynn's services. "You know, Carolynn is definitely worth it and she has stuck with it. With her, we have unconditional foster care that is so helpful."

In addition to the stipend, the team has allocated two weekends a month of overnight respite and 18 hours of hourly respite to give Carolynn breaks from caregiving—"to maintain her sanity to be able to keep Reba," as Deb puts it. Such planned breaks do not, however, provide a break only for Carolynn; they also allow Reba to implement her risk preparations and monitor her own behavior in alternative settings. Reba recognizes that respite is important for her as well as for Carolynn.

"We deserve a break from each other," Reba says, though clearly she is conflicted about being away from her.

> *I look forward to it [weekends at a respite provider's home], but then again I do not, because I like being with Carolynn. But when she gets back, it's as if we miss each other and then we spend more time together.*

John Burchard, a professor of psychology at the University of Vermont who has done extensive research on Wraparound and is one of the approach's most visible proponents, emphasizes that creative work to establish and support an effective foster placement is crucial to many teams' success:

> *It's critical. That's the way the process should work—do anything you can to build positive relationships and keep kids from moving from provider to provider—that's got to be effective, but it's the very thing we tend not to do. An initial placement with a foster parent or staff person is not always going to work—first you have to find it. But when it does work, you have to cultivate it, reinforce it, and provide what that person needs. What happens all too frequently is the foster parent wants to hang in there, but there's not support, they are not paid well, the budget is not flexible so as to be immediately responsive, and so things get out of control and [the youth] gets moved to another place. When if the foster parent had just been better supported, it could have been an unconditional care situation.*

After the $3,000 expense for foster care and the $500 allocation for respite, the team spends most of the remainder of the $4,880 monthly budget (excluding Medicaid resources)—approximately $972—on care coordination, which purchases 15 hours of Lynn's time. Lynn says that one sign of Reba's success is the diminishing hours of care coordination that are required now, compared with the amount in the initial months of services. Lynn still puts significant time into convening team meetings, checking progress with Reba's teachers and school aides, monitoring the situation between Carolynn and Reba, scheduling therapy appointments, and spending time with Reba in the community. However, Lynn says that through consistent

attendance at team meetings, Reba's aides, respite workers, therapists, and her mother have become more responsive and proactive in the treatment process, and Lynn does not need to be as hands-on as she once was.

The SRS-Mental Health partnership in Washington County contributes a 40 percent match to all Medicaid-billable services, which is a significant benefit to the quality of services provided to Reba and her family. Such services include care coordination as well as individual and group therapy for Reba, individual therapy for Dede, and family therapy. The match essentially means that Reba's providers can be compensated at a competitive rate; for example, Reba's individual therapist is reimbursed at $70 an hour instead of the Medicaid rate of $44 an hour. Reba says that though she was not willing to participate in "all that therapy" at first, she has come to value her time with her individual therapist and, perhaps more slowly, her group therapy, which focuses on offending issues.

> *Sometimes it's still true—all inside me is raging. But that's the thing—I'm able to let the inside rage and then take it out at appropriate times now. And I've never been able to do that. I mean it. I've been in the emergency room more than once for swollen knuckles. Now I am able to assess myself more and how I'm feeling. I'm able to express myself more than I have ever been able to do.*

According to Lynn, however, Reba's progress would be modest were she merely in therapy, without the coordination of so many supervised family visits, the consistency of the Wraparound team meetings, the therapeutic letters that are fostered between Reba and her mother, and the therapy and support that is afforded Dede. Even though Reba is no longer in Dede's care, Reba's progress is intricately linked to her mother's successes. As such, Dede is a consistent focus of the team's plan.

"The progress that her mom has made has had a significant impact on Reba," Lynn emphasizes. She is extremely animated in discussing Reba's mother's progress; perhaps this has been the most rewarding success she has witnessed since being introduced to the family.

> *She has seen her mom become a much stronger individual through her own treatment, her own individual therapy, and she has seen her mom be able to set clear limits around what she is willing to accept or cannot accept for her own well-being.*

Lynn continues with an example.

> *Two team meetings ago, Reba was having some conflict with Carolynn, and Dede was very clear—she looked right at her and said, "Reba, whether you are living with Carolynn or someone else, you are going to have these problems. You might as well stay with Carolynn and deal with them." It was very shocking because she hasn't been that therapeutic in her statements before and that was really a turnaround for Reba. To hear her mother make that statement was powerful, very powerful. I mean, we [as professionals] can talk to [Reba] until we turn purple, but for her mother to set an example like that...*

The potency of the example does not require her to finish the sentence.

Dede's perspective on the therapist whose time the Wraparound budget has paid for is perhaps even more poignant:

> *Counseling has gotten me to come along and realize mistakes I made with Reba. I learned the dos from the don'ts. What should have been. And she has boosted me up to take my GED. She tells me "Dede, stay where you are, you're going to do it." And I've learned to love myself. I've worked out all these problems. I learned to love myself through her, just by talking.*

Dede laughs, as if amazed. "I'm a new woman by talking to her!"

THE IMPACT OF THE WRAPAROUND PROCESS

Don Mandelkorn, the Director of Washington County's SRS office, describes how he believes the Wraparound process in his county has affected Reba and Dede and what might have happened had a more traditional service model been used.

> *At this point in time, [Reba] probably would just be back in the community in the past year, maybe after a stay in a residential program in some other state which she has never been to and which her mother would never be able to get to. She would just be beginning to work on her relationship with her mother that she's had the opportunity to work on from day one when she entered Wraparound, [and would have to forge] new relationships that she has instead had since she entered. These things don't need to happen.*

Instead, Don stresses, "They happen naturally now, and she has been part of the community, heavily supervised. That just wouldn't happen" in a more traditional system.

Phil Wells speaks more broadly about how community-based treatment goes beyond merely honoring the wishes of the family. "Sure there's been problems with numerous behaviors [on the part of youth] in the years since we started this project. But crises can be teaching moments, really, that's what it is about." And not just teaching moments for the youth and family:

> *They are also teaching moments for the team, for the agencies, for the community, for the school, and we've all had to normalize it in the sense that this is our opportunity as a system to teach appropriate skills based on these behaviors.*

"If Reba was in residential out-of-state care," continues Phil Wells, "we would miss great opportunities" to teach her how to thrive in the community. "And she would be angry. And I don't think she is angry now."

Deb, perhaps because of her role as the SRS case worker on the team, emphasizes the importance of the intensity of Reba's treatment and supervision.

The Rap on Wraparound: Its Status Now and Vision for the Future

A brief discussion with John Burchard, Ph.D., of the University of Vermont

It has often been said that the Wraparound approach should not be allowed to become merely a fad. Where do you think Wraparound stands in the minds of providers and service system planners in 1999?

John: I think it's hard to answer that because it varies. On the one hand, more providers are doing Wraparound well than ever before, and those who are doing it well are very excited. With others, you may get the attitude, "Well, we've been there, we've tried that, we're on to something else." And then the issue becomes, "Well wait a minute. How well did you try it?" And this issue of being sure Wraparound is being done well then points to the need for the kind of research we are trying to do, which is, essentially, creating a method for validating that what a system is doing is truly the Wraparound process. A concurrent goal is to get into a position where we can do a good efficacy study to show that Wraparound really does make a difference. But until we can do those studies, you know, we are going to have a hard time really making a significant impact on the service delivery system. Which is unfortunate in some ways, because the fact that a well-controlled efficacy study has yet to be done does not mean that in a lot of areas, great stuff isn't happening.

Where do you think Wraparound will be in 10 or 20 years? Where do you think its place will be?

John: I think it has the potential to really become the new intervention for serving young people with offending behavior as well as individuals with serious emotional and behavioral problems. Clearly, the system as a whole does not have a good track record in serving either of these populations—things have just not worked. I think that case studies focusing on what's worked with some very "deep-end" cases show much more potential for success with Wraparound and other community-based approaches for offenders than for more traditional things like residential treatment or certainly incarceration. And I have to believe that if we can submit this to more rigorous evaluation, we'll show that if you're not using community approaches, then you're not doing what's state-of-the-art. Eventually, people will not be able to say, "Well, I don't believe in it." Instead, I think we'll get to a point where we either find that [Wraparound] is not as effective as I think it is, or that it is simply unethical not to do it.

> *It's true that we have all these external controls on her, but she's really gotten some opportunities she wouldn't have gotten if she were in residential care. But if we didn't have all these services available, she would definitely not be in the community now. Something serious would have happened. Something very, very serious. And I'm not sure if that's something serious to Reba herself, or a victim.*

Throughout her interview, Reba also insists that she has benefited from the intensity of her treatment. "I am looking at my future now. So if I start having deviant fantasies, I can change them by thinking of something like my boyfriend or my family—just different thoughts." Without knowing it, Reba seems to be endorsing Phil's notion of the teaching moment.

> *I have victim empathy now and I never had that—where I look at a kid and if I start fantasizing, [I think], "They're only a kid, they have a whole life ahead of them. They don't need to have the issues I've dealt with."*

BARRIERS

Certainly, Reba's progress—the apparent insights into her thoughts and behaviors, the reversal in her grades from *F*s to six straight spots on the honor roll, the improved peer relations—has not been without barriers. As Reba herself insists, some of these barriers are located within her, such as her

reluctance to complete the "risk preps" that are so vital to her therapeutic regimen. The team takes the preparation plans, which are rooted in cognitive-behavioral therapy practice, very seriously, and Reba can earn privileges—usually time in the community—only by diligently completing them.

But systemic and logistical barriers that can reduce Reba's opportunities for teaching moments in the community exist as well. A critical barrier is a dearth of resources to supervise her at activities such as extracurricular sports, at which she excels and could experience success with peers. Similarly, Reba's quest for a summer job was hampered by the exhaustion of a pool of agency funds earmarked for one-on-one aides. Instead, to secure the possibility of a job through the Summer Youth Employment Program, the team had to creatively use unspent respite dollars from previous months. But even with the flexible mobilization of these funds ("once the dollars are allocated, we can play with them," says Lynn), inadequate resources for an aide for next summer will require supervision to taper off as the summer progresses—assuming that Reba can handle it. Clearly, in Reba's scenario, the Wraparound ideal of a "magic wand" that providers can wave to meet whatever needs exist for the family is not quite in effect.

In addition, despite her shifts in perspective, Dede continues to feel that the ideal of parental voice and choice is not being met. "I've had times when they didn't listen to my issues, something I needed and wanted to express," Dede says. "And it kind of hurts because they seem to know what they're going to do before you get into that team meeting."

Of course, the ideal of full family member participation in the Wraparound process is more complex for some families than for others. As Don puts it,

> *In pure Wraparound, everything I've ever read and seen and participated in says that it is parent driven and created. But in many situations, such as with this population [of youth with offending behaviors], we wouldn't even get out of the starting block if it was entirely parent-driven, because of different priorities.*

Indeed, even Reba and her mother now seem to have somewhat competing priorities. Yet at the same time, evidence of the unity of this team emerged continually in the conversations with its members. Perhaps most striking is the team's unanimity on one issue. When asked what Reba will need most in the future, all the team members, from Reba to Dede to Carolynn to the providers, unanimously stated the same goals: For Reba to experience more freedom, to learn how to drive, to meet more friends, to learn how to better manage money, to graduate and be able to support herself, to become aware of her own risks in the community and how to use her supports to avoid them. This unanimity, as much as anything, demonstrates how powerful the team approach has been for the family and how, for the team, Reba is truly "our kid."

"I've made progress toward all my goals," says Reba.

Well, except that at the beginning, the goal was to be reunited back home. I've changed that now. So my goal is to become independent, living on my own, having a life I've never been able to have. To be safe...and let others be safe. And to be happy.

How the Values of the Wraparound Approach and of a System of Care Were Fulfilled

For Reba and Her Family: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was Fulfilled
Community based	Despite her offending behaviors, Reba was never placed in a restrictive placement and was maintained at home until her mother expressed that she was unable to supervise her. She first attended her home school, then went to a nearby public school that could better provide her with supports.
Individualized and strengths based	The team attempted to provide activities and employment that emphasized Reba's many strengths; however, resources to supervise her participation in activities she excels in are often scarce. Her many therapeutic services and informal supports are tailored to suit her situation, such as completing risk preparations to earn privileges such as time in the community.
Culturally competent	There was no racial diversity among the family and Wraparound team. The team attempted, where possible, to validate and support the family's value of remaining committed to one another.
Families as partners	Though full partnership was difficult in the eyes of providers because of safety issues, family members' desires, such as family unification and attendance at the home school, were followed where possible. Reba's goals were adopted for several key decisions, such as remaining with her foster parent. However, her mother continues to feel uncertain about whether her voice is heard by the team.
Team driven	All major decisions were made through the team process, and the team brainstorms creative approaches to services and supports in well-attended monthly meetings.
Flexible funding	Vermont has a creative system of matching Medicaid funds, which can be used to augment services and supports. Once earmarked dollars are allocated to the team, they can then be shifted to serve other, perhaps less formal, purposes. However, resources were not always available to support all activities endorsed by the team.
Balance of conventional and natural supports and services	A full component of informal services was difficult to achieve because of Reba' supervision needs. The team identified supports that were working, such as Carolynn as a respite worker, and anchored these into place, such as hiring Carolynn as a foster parent.
Unconditional commitment	On a personal level, the foster parent, therapists, and other team members have remained steadfast in their commitment to Reba; on an institutional level, resources have been secured to ensure that Carolynn is supported adequately to remain a stable placement.
Collaboration	The care coordinator creatively coordinated all of Reba's many family, therapeutic, and school activities into a matrix of supports. For example, all providers come together to coordinate Reba's risk preparations and to discuss current risk areas for Reba and how to deal with them.
Outcomes measured	Progress is tracked through the care coordinator's careful noting of team members' reports; in addition, Reba's privileges are tied to her individual progress, such as completion of risk preparations.

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For Vermont: The Community Fulfillment of the Core Values of the System of Care

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	Vermont Act 264 mandates that children with severe emotional disturbance (SED) who are served by more than one agency must be served through a Coordinated Service Plan. Act 264 also requires a multiagency team-planning process that includes the child (if age-appropriate) and incorporates family input. During the course of services, the family may choose its own providers on the basis of needs identified by the team. In addition, the Comprehensive Community Mental Health Services for Children and Families grant to Vermont that supported the Access Vermont program provided support for the local Federation of Families to develop *I-CAN* (Individuals in Communities Advocating and Networking) training. These trainings teach families and other community members how to advocate for children's issues, as well as what resources are available for children with SED.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	In Vermont, the Comprehensive Community Mental Health Services for Children and Families grants have been built on strategic plans created at the regional level through Community Partnerships, which are groups convened for education and health systems work in the state's 12 service districts. All treatment decisions are made and carried out at the local level between local treatment providers or Wraparound teams. If the child's team members feel that because of a lack of resources or other barriers they are unable to carry out the plan that has been devised, they may bring the case to the Local Interagency Team (LIT), and, if necessary, the State Interagency Team (SIT), for feedback. All residential placements must be deemed necessary by the Central Review Committee of the SIT, except in the case of crises or emergencies.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	In Vermont, the percent of children and youth of non-Caucasian ethnicity is less than 2 percent, which means that cultural competence centers not so much on race as on issues of economic status, educational level, and individual family cultures. Service providers in Vermont have access to interpreter services when they encounter language barriers (including deafness). In general, the training of providers to be responsive to families' needs allows attention to cross-family cultural differences.

ENDNOTES

[1] "Risk preparations" are plans for Reba to prepare and then follow (if necessary) in case she finds herself in a "risky" situation, such as if her interest is aroused by a child she sees on the street, or if she feels the impulse to behave inappropriately with her boyfriend.

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CHAPTER 7: PROVIDING INDIVIDUALIZED SERVICES AND SUPPORTS FOR AN URBAN YOUTH: WRAPAROUND MILWAUKEE

Steve is a good-looking young Latino, neatly dressed, with a baseball cap and the traces of a mustache. He has several tattoos, including a cross, the words "Vato Loco" ("homeboy"), and the suits of cards on his fingers where the letters "K-I-N-G-S" used to be. Today he is proudly showing staff members at Wraparound Milwaukee his new Wisconsin Identification Card, which he acquired on his own that morning. Steve is in a good mood and happy to be here. His care coordinator, Laura, is also happy he is here. She says, "If he didn't have Wraparound, I don't know where he'd be today. I really think he'd be dead."

Laura is at once both warm and straightforward. She is a social worker experienced in substance abuse treatment who has been using the Wraparound process with families for about two years. Steve was one of the first youth assigned to her. Laura said,

> *When I first started Wraparound, I thought they were crazy... When I first met Steve, I thought, "There is no way this kid is going to go anywhere, or be anywhere, or do anything." I would get these calls about these crises and stuff like that. I said, "Where am I going to go?" 'Cause he had no family—there was no one to take care of this kid. But you just kept plugging away at the philosophy, and building the team, and this is what we're going to do, and keep building on it, and it worked.*

Steve's story is common in urban areas across the country—*a gang-involved youth with a turbulent childhood gets in trouble with the law, receives social and mental health services.* What is different in Steve's case is the delivery of these services through a Wraparound process. The emphasis was on getting him back into the community as quickly as was safely possible and supporting him there as he learned more positive ways to conduct his life. Decisions concerning Steve were not made by individual agencies. Instead, a team consisting not only of representatives from all agencies involved with Steve, but also of Steve himself and the people who cared about him worked to help him. In this way, Steve was treated as the *community's* child. The outcome of Steve's story is also special. Steve describes himself: "I'm a totally respectful person. I care for myself, I see there is a reason for living. I have people who do care about me out there and respect me for who I am and not what they see." He thinks that Wraparound is a "good system." This chapter tells the story of how the Wraparound process served Steve.

STEVE AS AN URBAN CHILD

Milwaukee, like many other cities, is highly segregated by race and class. One of Steve's therapists, a lifelong resident of Milwaukee, described the social divisions within his hometown:

> *Up until recently most black people lived on the north side of Milwaukee and poor whites, working class whites, Spanish, and Latinos on the south side. Now there are many more Latinos and more Blacks living on the south side and many of the Blacks living on the south side are from the Chicago area, where they lived on the south side of Chicago. Most native Milwaukeeans who are black like myself would never consider going to the south side because of the raw prejudice.*

Who's Who in the Story of Steve's Wraparound

As an aid to the reader, here is a list of the people involved and the roles they played.

Family Members	
Steve	The youth
Natural Supports	
Judy	Girlfriend of Steve's stepfather
Service Providers	
Laura	Steve's care coordinator
Martha	Steve's therapist from the residential treatment center
Art	Steve's therapist
Chris	Steve's case manager for the independent living/group home program
Administrators	
Vera Piña	Clinical consultant to Wraparound Milwaukee

Steve himself describes the neighborhoods in the near south side, where he lives, as "full of gangs and drugs and bad influences." Steve's own gang, the Latin Kings, is the "traditional" and "dominant" Latino gang in Milwaukee. Steve was literally born into this gang: His parents were both gang-involved adolescents when he was born. Steve describes his father as being a "chairman" in the gang, and service providers familiar with his history note that his mother also has "some standing" with the Kings.

Steve spent his early childhood primarily with his mother, who married another man when Steve was very young. Steve's mother suffers from addictions to multiple drugs, and she has a history of violent behavior and repeated suicide attempts. When Steve was about 4, she dropped him off at his father's house and never picked him up. He stayed with his father, who "brought me up in the gang life."

> *I mean, since the age of 5 is when I really started getting real bad. That's when I started throwing gang signs, and dressing in colors and everything like that. At the age of 10, I was selling drugs, I always had guns. My father wouldn't let me walk anywhere without*

[bodyguards]. I'd have like three or four guys walk with me at all times anywhere I went. At the age of 11 or 12 I already had a car, driving it around, no license, nothing—you just drive it, guys in the car with me. I was doing drug deals, I was smoking. I was down with the homeys, you know, doing the gang stuff—drive-bys, shooting at people, beating people down to the ground, got beaten down to the ground a couple of times, just the basic ganglike things.

Although Steve says that he admired and respected his father, records suggest that his father at times behaved brutally toward him. When Steve was working for his father, he would be beaten with various objects if he ever got arrested (including extension cords, 2 x 4s, bats, hoses, and fists). Steve is reported to have said, incredulously, "He'd fight like I was someone else." His father's longtime girlfriend was also physically abusive toward him: "She never really liked me because her and my mom never got along."

When Steve was about 14, his unsettled, nomadic life with his father came to an end. Steve explained that he was waiting in a car for his father when a drug deal went sour. His father shot and killed three people and was quickly arrested. Steve soon found himself on an airplane on his way back to Wisconsin to live with his mother. The reunion was not joyous. Steve says, "Oh, my mom was a crackhead. She used heroin, she drank constantly, she stabbed three people, she has disorders, she would always take our money from us kids, especially from me." He stayed with her for about six months, becoming close to her husband. Steve says that he and his stepfather were "thrown out of the house" at the same time. Steve lived with his stepfather for about a year and a half, during which time he says he mostly attended school. He said, "I don't know how it came about she called the cops on me again this time." In August of 1997 he was arrested and charged with threatening to bomb his mother's house.

Through his contact with the juvenile justice system, Steve was referred to Wraparound Milwaukee. Shortly after his arrest for making threats, he was additionally charged with criminal damage to property following an incident that occurred at the locked children's shelter where he was living. (Steve broke a window in a rage after he was called, in his words, a "cockroach" by shelter staff.) A court order dated November 14, 1997, placed Steve in state custody and ordered residential treatment services. It was in the shelter that Laura, Steve's care coordinator, first met Steve.

When I first met him, I thought, "Oh my God." He was in a little bunk bed, and he had a desk and a locker, and he'd just sit there and look out the window. I went out there a couple times, and he'd just sit there and look out the window. And that was all. And it was really hard to talk to him, because he was extremely depressed, and so I made some referrals and got him into [a residential treatment center].

We had to try to find the mom. So the probation officer went on the streets looking for mom, putting envelopes out, an address to contact, we looked all over. We could not find mom. Mom's whereabouts were totally unknown. The only family he had at that time was his mother's now ex-husband (Steve's stepfather), and his stepfather's girlfriend. When he would get passes out of the shelter, that's where he would go.

RESIDENTIAL TREATMENT

The residential treatment center where Steve lived from December 1997 until May 1998 is less than an hour from Milwaukee, but a world apart. At the turn of the century, it was a dairy farm where orphans grew up. In recent decades, it was a residential treatment center where youth spent many years. Now in this bucolic setting, staff are struggling to keep up with the shifting demands of the mental health care system. Martha, Steve's therapist there, said,

> *Twenty years ago, kids were here five years. Then when I got here, they were trying to limit stays to eight to nine months. Now the average length of stay is a little over three months. So, the whole shift of treatment has radically changed in the last five years. Radically changed. And I think we're starting to respond well to that... It's really clear that it's hard to treat just a child. You need to treat and work with the family and the community. So, I think what we did when Wraparound was given the contract from Milwaukee County, was to really view it as a strength, and a partnership. Because they're providing all kinds of things that there's no way, when you focus your day to day, 24/7, here, there's no way you can also be the community resource that the kids need. So, we adjusted our treatment regimen—we had to change the very goals that were involved.*

> *Prior to Wraparound the... basis of treatment was the relationship of the adults and the kid. And getting involved in the family, and working with the family of origin and the family system. And coming to some real changes, internalized changes, within the child, based on the therapeutic relationship. Well, that can't be done in 3 months. That's impossible. So, what we've done here, on this unit is to create a psycho-educational model where the dynamic is, resuming "normal" child development, and the acquisition of skills, so that kids can succeed. We've changed our basis to dealing with their issues of self-esteem, and actually challenging their morals. So we do social skills group—there's 50 skills that we learn. And we practice role play, and video-tape job interviews, sharing your feelings with somebody, telling a parent how you feel about something. Standing up for yourself in an assertive way, instead of an aggressive way. All the things that they didn't get, or that somehow they lost—social skills, alternatives to aggression, learning how to manage anger. [Our goal now] is to put their feet back on higher ground.*

One strategy implemented in the residential treatment center where Steve stayed was to state explicitly in the contract with the county that youth would stay not for a certain number of calendar days, but for a required number of "achievement days." On a given day, a youth may earn anywhere from no time (if a serious offense is committed), to a quarter day, all the way up to a day and a half. Once the youth has acquired the determined number (usually 60 or 90) of achievement days, the youth graduates—a transition complete with a formal ceremony. The program is based on self-motivation, and to keep the motivation level high, a recent program shift makes it easier for youth to earn days. Martha said, "We want them to succeed. We don't want them to spend all their time out here."

Extending the Wraparound Philosophy to Residential Professionals

Vera Piña is the clinical consultant to Wraparound Milwaukee and a member of this volume's expert panel. She spoke about the importance of care coordinators' leading with the values of Wraparound so that more traditionally trained team members might be brought along in their thinking about how best to support families.

Wisconsin has a tradition of residential treatment; it became really the avant-garde in the 70s. If you wanted to talk about good residential treatment, you talked about Wisconsin. So it's very hard for a state that has prided itself as offering good residential treatment, all of a sudden to be told that "you haven't done that great a job." And really, the reports, the studies of our residential treatment centers, indicate that they have not done a very good job. They've done some good things, and there are some good people at those places and they mean well, but as far as the outcomes, we haven't done such a good job.

So what worries me is that a lot of our care coordinators who are young get intimidated by some of these oldsters that live in the residential centers, so to speak—their heart and soul is in that center. When these young people come, they sort of roll over them. And then the care coordinators feel so inadequate, because they're so new, that they don't stand up for the values. I think that it's intimidation and that's what worries me sometimes. Especially with the [kids in the juvenile justice system].

I think we need to do a better job. We're always looking at how to do a better job at training. I think we have to support, strengthen, and help young workers to see that what they believe in is right, and that they can stand up for it, even if all these people with 50 years of experience are coming on so professional that it's scaring them. And I always tell them, take a look at their outcomes, do some work at looking at their outcomes that they've had over the last 10 years or so, and then you can go in there knowing that it's got to be different. Because what they've been doing hasn't really worked. And that's not to say that we don't need them. But we need them doing it different.

Martha acknowledges the tension between the emphasis in Wraparound Milwaukee on "getting kids out of residential treatment" and the need for some children to have a place where very hard-to-manage behavior can be addressed safely. She expressed a conviction that although the pendulum of popular opinion swings from a heavy emphasis on residential treatment to a belief that no children should be served there, some residential services will always be needed.

> *Kids don't come into residential just because they need some education. They come into residential because nobody can handle them... I think that's the important role of residential, and I don't think it will ever go away. Some kids will reach a point where they are out of control... Until they've developed self-mastery, impulse control, and motivation—real motivation not to go out there and [hurt themselves or someone else]—they're not able to move into the community. Not that he's going to go back on his own, but with services, so he can stay on track. Not that he won't relapse, not that he won't have problems. But he can go back.*

Steve's stay in residential treatment was not always smooth. Laura, his care coordinator, reports that he had a lot of problems adjusting there—mostly because of his explosive anger. He was also extremely depressed—so much so that he was hospitalized for three days on a suicide watch. In the almost five months that it took Steve to earn his 90 achievement days, he participated in substance abuse counseling, worked on issues related to his gang identity, and began to work on controlling his angry behavior. Laura, Art, his counselor, and Steve himself all rated his stay in residential treatment as "very helpful."

STEVE'S GROUP HOME

Where Steve would go following his graduation from a residential treatment program was an important issue. With both his mother and father out of the picture, the only thing approaching a family he had was his connection with his stepfather, with whom he had lived before becoming involved with Wraparound Milwaukee. To foster this connection, Laura invited Steve's stepfather and Judy, the stepfather's girlfriend, to all the team meetings. Judy became an active participant in the team, but when Steve graduated, she and the team members agreed that Steve was not yet ready to move in with them. They did agree that he was a candidate for the residential center's independent living program (a group home) as a transitional step between residential living and "home."

Chris, Steve's case manager in the independent living program, said:

> *Steve was not at all happy about this because he was under the impression that he was going straight back after he finished his time at [the residential facility]. He wasn't happy about coming into our program. He did it, but reluctantly—which is probably one of the reasons we had some early problems with Steve. I pulled these notes out from the first time I sat in on a planning conference with Steve just before he came into our program. These are just some things I wrote down: "He was extremely negative, a chronic liar, very immature, a big talker." He was so angry in that meeting that he had to get up and walk out to compose himself for awhile. I think what he was trying to do was trying to give us the impression that if he came to us that he was not going to participate, that he was not going to do anything, it was going to be, "I'm going to do what I want."*

In May 1998, despite his objections, Steve moved into a group home in Milwaukee. There he learned independent living skills, like how to cook and clean, how to maintain personal hygiene, how to look for a job, how to find an apartment, and so on. The importance of individualizing this generic curriculum on the basis of Steve's learning style was not lost on Chris, who observed,

> *We went through peaks and valleys with Steve... [Steve] hasn't responded well to people with a heavy hand or a lot of trying to enforce authority over him. He did better when he was able to do more things on his own and had people there to guide him rather than tell him what to do. We had some of our staff, and I will admit this, who tried the other approach with him—"You need to do this, do that," and Steve did not respond well to that. He fought that. It took us a while to figure that out, that Steve was one of these kids that we are going to have to maybe rule with less authority and try to let him do more things on his own... I think we were able at that point to provide better and give him what he needed.*

Steve and his fellow team members all rated his time in the group home as "very helpful." Chris highlights one particular area in which Steve made notable gains:

> *I guess the biggest area was employment. He had a job when he was with us but he did not want to have a job. When I look at Steve now, I think the greatest success that our program helped him with, he now understands the value of having employment and the*

need to support himself. I think that he was kind of institutionalized in that he knew, "If I don't work, they are still going to take care of me while I'm with them." Now he realizes that being out on his own, he has to work. Just in talking to him I can see now that he has, I guess it is a work ethic, and he knows that he is responsible for himself. He has grown in that area so much, as far as responsibility for himself.

On the Relationship Between Residential Services and Wraparound Milwaukee

Martha, Steve's therapist from his residential treatment center, is optimistic about the potential for the relationship of Wraparound and residential services, and sees individualization as a key toward collaboration:

I think it's really a perfect partnership. I would like there to be more of a systemic ability to do more individual [care] planning. Some kid may need six months, and some kid may need two. But if everybody's the same, then we're making the kid fit the system, instead of the system fitting the kid. That would be nice if we could ride with that mutual respect. We know our job, and we're not just keeping them here, trying to make money. That's ridiculous. When a kid comes here, I tell the kid, we're getting you ready to go home. The day he comes—that's what it's about, is for him to go home. So when he isn't out in the required time, I'm upset. I'm thinking, "You need to go." (laughs) "Why aren't you succeeding?" I guess I'd really like to say that there's a great deal of potential. We can define our relationship so that we actually do work with individual kids, instead of system to system.

While Steve was living in the group home, the team decided to pursue individual counseling services for Steve. Chris spoke approvingly of Laura's style of care coordination, which was to build in services and supports gradually, when they could be most helpful, rather than flood Steve with a large number of services all at once. Art Noble became Steve's therapist and a member of the team. Art's take on Steve is informed by his own perspective as a multiracial man who has been a therapist in Milwaukee for 30 years. Art reflected on the heart of Steve's difficulties:

Now, part of the diagnosis for Steve is attachment disorder, and really I think his biggest fantasy is being a part of a family. He wants to be a family member so much. In fact that is going to be one of his biggest problems—he keeps trying to get that family instantly. He needs that mother and that father and he wants to be a little kid... To me [family is] the overriding value to him, which at times can be very helpful and at other times I think he gets hurt and disappointed, like a lot of our kids. They can do well and run across disappointment then they want to throw their arms up and say, "I give up." He will do that, but he is able to recover and come back.

STEVE MOVES IN WITH HIS "FAMILY"

Steve was clearly eager to move back in with Judy and his stepfather, whom he calls Mom and Dad. Judy had been actively involved in the team planning process and was eager to have Steve at home with her. When Steve left the group home in October 1998, he moved in with his "dad" and "mom" and her two children. But it was not clear that this was an optimal arrangement for him. Chris noted one issue with this living situation:

I really think Judy wanted to do well for Steve [but] we had gotten to the point where we were starting to deal with Steve as a young adult and when Steve got there, I think there were a lot of times where Judy treated him more like a child. This gave him a lot of mixed messages. I don't think it was the best place for Steve to be.

There was also significant conflict in the relationship between Judy and Steve's stepfather. In fact, his stepfather was incarcerated in November 1998 for assaulting Judy. Ultimately, Judy and Steve's stepfather broke up, she found a new boyfriend, and everything began to dissolve. A crisis occurred when Steve finally decided he would not live there anymore. Laura called an emergency meeting of the team, and when everyone arrived, Art commented, "Man, he's got a good team, that all these people got together." Laura said, "I never realized it until then."

The Wraparound Team

Teamwork has been a crucial element in the success of Steve's Wraparound experience. Chris raves about his experience working on this team (which included Steve, Laura, Art, and Chris):

This is probably one of the top one or two groups of people that I've been able to work with cohesively, that have done so in the best interest of the child... I remember one meeting we had. We were sitting here until it was dark out one night. Just talking about him. What are we going to do? How should we approach this? I think people's flexibility showed with this case. There were times where we went against what we maybe normally would have, because it was either what Steve wanted to try or we thought it might be in his best interests.

In most child and family Wraparound teams, a parent or committed caregiver is at the heart of the decision-making process. Not all youth are mature enough to take on that role. In Steve's case, Chris explained:

Laura, myself, and Art tried to move into, where it was appropriate, the role of the person who was steering the car with Steve, since he didn't have a parent available to him. We would always listen to what Steve wanted. We gave Steve the opportunity at times to do what he wanted, even though maybe we knew what the outcome was going to be, and that it wasn't going to be good. And I think we did that so maybe Steve would learn from his mistakes. And he did.

STEVE MOVES ON

A team may be solid and the family or youth may involved, but issues of the availability of core services in any given community can still arise. When Steve decided to leave Judy's home, the team had a dilemma. Where to go? At 17, Steve was too old for a foster care placement. Laura matter-of-factly said, "We would try as a team to keep the placement for as long as we could, because we all know reality—where are we going to go? We don't have anywhere else to go with him." Because Steve was already moving toward living independently, a move to a group home or a shelter would have been a step backward. The team needed to identify another informal support, someone who cared about Steve.

The team found this support in an unlikely place. A girl whom Steve had been dating on and off was pregnant with a child that Steve believes is his. Her parents took Steve in.[1] While Steve believes that becoming a father has changed his life, Laura, Chris, and Art are unconvinced of his paternity. Living with

this family was clearly a positive experience for Steve. With this family's support, Steve changed schools and began attending an alternative school with a Native American focus. He attended school regularly, got good grades, completed a great deal of community service, and earned enough credits to advance to the eleventh grade. He observed the curfew the family held for him, and he maintained clean drug screens. The parents attended school meetings and Wraparound team meetings with Steve.

What this family did not do, however, was choose to become a formal support for Steve. Their preference, which the team respected, was to remain "private citizens" and not service providers. Laura explains,

> *Wraparound [Milwaukee] offered to get [them] a foster care license. We offered them all kinds of things but they didn't want all these people getting into their life—all these social services. They are of Indian descent, and they believe in taking care of their own. And I think that was a big turning point for Steve too. He learned from a man what respect is about, and what is important, and how families are.*

The warm relationship with a firm but affectionate father figure may have been instrumental in Steve's progress, but his focus is on his own fatherhood. Steve said,

> *When I found out I was going to be a father, the gang told me, "You can't gang-bang no more. You can't put your son's life in danger."... So I got disinitiated, no longer any gang activity or nothing. Got a job. Started taking care of my baby's mother and getting things for my child. Continued school and realized that school wasn't all that hard if you just took your time.*

OVERCOMING NEW CHALLENGES

As his lawful, respectful behavior blossomed, Steve experienced one notable relapse. He described an incident at a bar in February 1999, when a close friend was shot and killed. Steve and five friends went to the funeral in a stolen car and were pulled over on their way home. Steve was arrested and charged as an adult with driving a stolen car. Steve said,

> *I don't know how anybody else would react to the fact that your friend's standing next to you and he got shot. The back of the head, and shot right in the heart—I was sitting there, I was covered with blood, but before the cops could arrive, I had to leave. I couldn't stay there because I would have been arrested. And they would have tried to say, "Well, you had a gun" you know. Cops are like that here in Milwaukee. I had to leave him and it hurt. And when they buried him it hurt. So I just totally went berserk for like a month, then I got my life back on line.*

It was around this time, while Steve was living with his girlfriend's family, that his birth mother re-entered his life. Laura told the story:

> *I got a call and she was living about 85 miles from Milwaukee, and she wanted custody of Steve. Steve said, "No way." And they started talking, and the [family he was living with] got a high phone bill a couple of times. Steve connected with Mom and visited her.*

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I went up there and picked him up one time and met Mom, her brother, the grandmother, and the little boy. There was a big picture on the wall of this guy, her boyfriend, who was in prison. But Mom looked like she was doing really well. Mom had a lot of baby stuff that she wanted to give Steve... "Oh, we'll take care of this baby." That was the turning point for him. Mom was giving Steve all this stuff, and he loved it. And Mom went and bought him a jacket and a tape recorder. Steve...was getting all these material things that he never, never had. And Mom was giving it to him. He'd go up there and spend one, two, three days. And then the next month, she'd say, "Come on up," and he'd go spend a couple days with her and get this stuff. Now when it was his birthday and he turned 18, he really wanted Mom. She was back in Milwaukee, drug using. Now he wants nothing to do with her again. So there she went, she went and disappointed him, just when he needed her the most.

Plan of Care Meetings as Therapeutic Interactions

Martha, the therapist from Steve's residential treatment facility, makes it a priority to attend the individualized plan of care meetings held for the youth she serves. Because her program is based on the youths' own motivation, the youth write their own treatment plans and present them at the meetings. This is an opportunity to show ownership and to check out with others whether the youths' views of the issues are like other peoples'. Martha reflected on her experiences in these team meetings:

You get together with the boy, his social workers, and family members [for] a plan of care meeting, and suddenly, actual therapeutic events are taking place. Ostensibly, you're doing a plan of care meeting, and here's your goals, and here's your agendas. There's a real focus on the paperwork. Here's the plan of care. We've got to get these goals done. And there's a real sense of "this is easy." But it's not easy, and we're all sitting here, and all these dynamics are going on, that aren't really addressed either by professionals or by the other people involved. Frankly, it has tremendous positive potential, I think. And many, many problems have been resolved in those meetings. But it wasn't the agenda.

So we have this new form of therapy, which is whenever you sit down, things are going to happen, dynamics are going to take place. I don't think it's being addressed consciously yet in the Wraparound movement that I've noticed. That's all I'm saying—it's a process that's taking place that hasn't been really conscious for all of us...So do these meetings take away from my therapeutic time, or are they the therapeutic moment?

Steve's mother's dropping out of his life coincided with another powerful loss. His living situation with his girlfriend's family began to deteriorate when he and his girlfriend began having relationship problems and she became involved with a new boyfriend. Now, she doesn't want him to have anything to do with the baby. Suddenly, it was time for Steve to move out again. For about two weeks, Steve moved back in with Judy. Then in June 1999, he moved in with some friends on the south side, where he still lives.

That Steve neither fell apart nor exploded during this most recent transition speaks volumes about the progress he has made. Art, Steve's therapist, said,

What really impresses me is his having a good heart. I'm worried about him becoming cynical because he has been hurt so much—because sometimes he has unrealistic expectations. He has been burned, he has been hurt, and he still really tries again.

PROGRESS TOWARD SUCCESS

How Steve has coped with recent events has truly impressed his other Wraparound team members. Chris said,

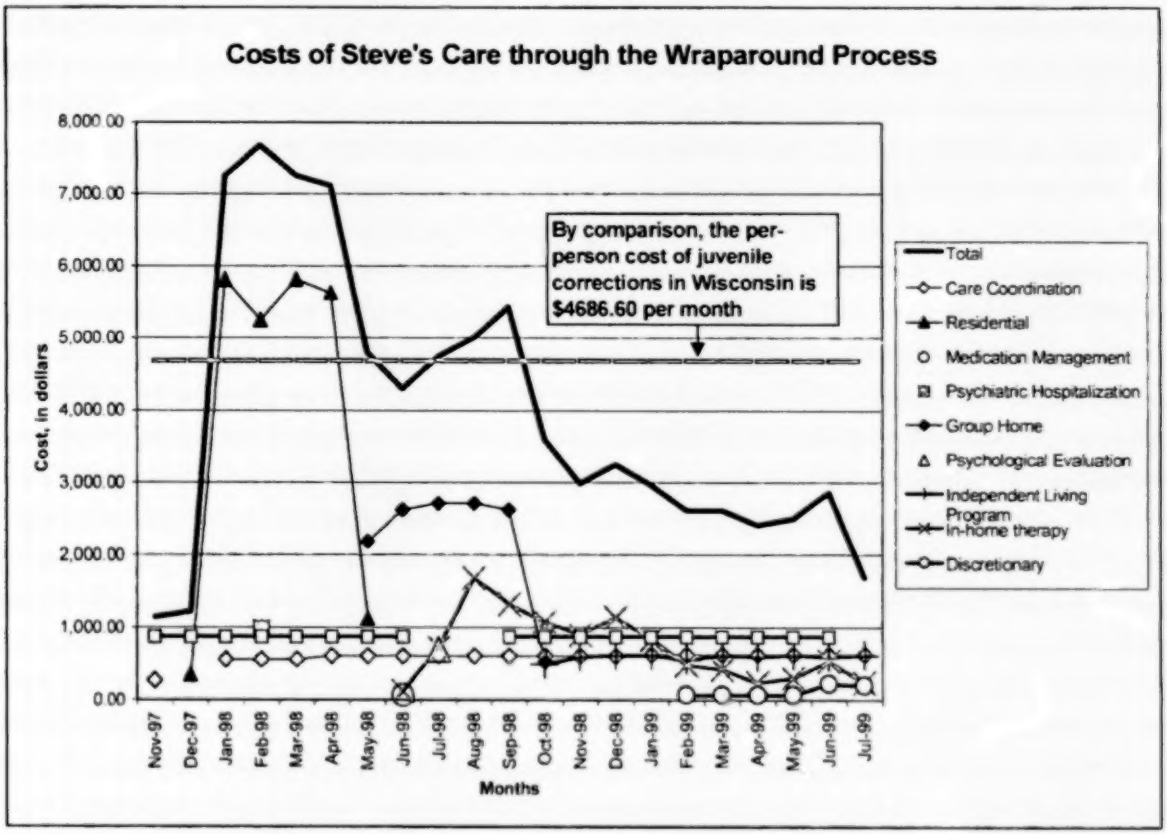
> *I think each kid, you can't judge them by the same set of standards. Obviously, if you look at Steve's situation and you said, "Well, how can you be successful if you had another criminal charge when he was with you." From the first day that I met Steve, and I saw the young man, the angry young man, and I see where he is today. His social skills have improved 100%, his anger has decreased a great deal, I think his ability to solve his own problems has increased.*
>
> *I'll use his charge as an example. The day that he was going in to give his plea, he was able to present to his attorney, the district attorney, and the judge a folder with letters of recommendation from him, from me, from Laura, and from the school. A very nice manila file folder—one for everybody. That said this kid came a long way from where he was, he was just so angry with everybody, and everything that happened to him was somebody else's fault. It was nice to see him finally starting to take responsibility for something that he did. Along with that, he finally got to the point in his life where he was able to ask for things he wanted instead of trying to find manipulative ways to get them. I have no doubt in my mind that if he can keep himself out of trouble, he is going to be able to take care of himself and I think that was our goal for him.*

Laura summed up Steve's progress: "Through all these transitions, he just smoothly did much better than when he first started." She said that seeing him now, she wonders, "Who is this kid? I don't know this kid. It's not the same kid."

COSTS INVOLVED IN STEVE'S WRAPAROUND PROCESS

A major issue in examining the Wraparound process as a promising practice is its cost effectiveness.[11] Because standard practice in Wraparound Milwaukee includes careful, detailed record-keeping, data are available to show which services and supports were involved in Steve's Wraparound process and what they cost. These data are presented in a month-by-month graph of costs for each component of the service plan. By far the most expensive services were his residential treatment and his group home placement. The in-home therapy (provided by Art), the care coordination (provided by Laura), and the group home and independent living supports (provided by Chris) were somewhat expensive. But when the costs of these services are combined over 21 months ($39,778), the total is still almost $50,000 less than the cost of maintaining an individual in a juvenile correctional facility over the same period—$154.08 a day, or $89,045.40. This comparison is reasonable in Steve's case, given that he was referred to Wraparound Milwaukee through the juvenile justice system. Other costs included a brief psychiatric hospitalization ($990), a psychological evaluation ($700), medication management ($65), and discretionary funds provided directly to Steve ($704 over six months). Because the cost of juvenile corrections includes educational expenses, the per-pupil cost of attending Milwaukee Public Schools ($8,752 a year) is included

in the graph to make the comparison more accurate. The total cost of all services paid for by Wraparound Milwaukee over this time period, including six months of residential treatment, was $67,629. Combined with educational expenses of $14,000 over the same period, this cost still represents a savings of $8,154 over a placement in a juvenile correctional institution.



Although translating the enduring benefits of the Wraparound process into monetary terms is hard, several "costs to society" are reduced because Steve was involved in a Wraparound process. Steve is less likely to participate in publicly funded services such as welfare or unemployment. Instead, at the end of his Wraparound process, Steve is employed, pays taxes, and is a productive member of society. Because Steve left his gang, he is less likely to incur medical costs, such as emergency room visits, from the effects of violence or substance use. Steve is able to live in his community. In sum, the cost of Steve's care was clearly translated into improved quality of life. He went from being depressed and violent and living in a shelter to living in a home with friends, with the kinds of independent-living skills that will allow him to succeed. This change is the most valuable outcome possible. We therefore could argue that the community made a significant return on its investment in Steve.

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IDENTIFYING BARRIERS TO SUCCESS

Achieving a successful outcome gives us occasion to reflect on the barriers to success and to consider whether those barriers could have been changed or handled better. The players in Steve's case have different ideas about what the primary barriers were. Steve's perspective was that his Wraparound was not community-based enough. He commented, "What made it hard? The placements, the placements. Getting away from the people that I loved and wanted to be with." Steve's sentiments resonate with Vera Piña, who reviewed Steve's story and said, "My personal belief is that the team could have avoided [placement in a residential treatment center] if they had worked more creatively around the issue of what it would take to keep the young man in the community."

Laura, however, stated that Steve's Wraparound plan of care was as community based as it could safely be.

> *The reason he wasn't in a community placement was because he needed the structure, and he needed the evaluations and the assessments, and the residential. And I think that at that time, the medication also was a big part of getting him to settle down—he was extremely depressed when I first met him. And there was a lot of anger—it was explosive.*

Chris said that from his perspective, the biggest obstacle to Steve's progress was his own anger. Chris laughed as he said,

> *Well, Steve himself was probably the biggest obstacle initially, because he was not going to feed into any of the stuff that we were trying to give to him. He [said], "I heard this before, I don't need it." I think his anger was the biggest obstacle, and I think [Steve's therapist] Art probably was the biggest reason that Steve has been able to overcome that.*

Another barrier was Steve's unwillingness to stay in the program. The court order that placed Steve in Wraparound Milwaukee ended in November 1998. Laura and the team wanted to get an extension, but Steve was reluctant. Chris explained,

> *We went back to court in November to get him extended because he was just not ready to have unsupervised services. If we were to let him go, I think we would have been hearing about Steve in a lot of negative ways. That was an obstacle we had to overcome in getting Steve to go along with that, because initially he did not want to. We had to get Steve to go along with the fact and admit that he still needed some services.*

Ultimately, Steve agreed to the extension, which lasted until his 18th birthday in July 1999. Finally, Art expressed his view that the community itself is an obstacle to letting Steve and kids like Steve achieve success in their lives.

First of all, the community, to me, is a setup for him and a lot of our kids. Really, they are already set up to be career criminals. They are going to fill the prisons we have been building for them. You can see them fall right into that trap and that is why I talk to most of the kids about being set up.

Art offered his own advice for dealing with this obstacle.

You've got to fight this being set up—don't accept the stereotypes you see on TV. You don't have to be a gang banger, you don't have to be a slickster, you don't have to be into drugs and all that. There's different things that you can do. Don't fall for that.

THE TEAM AS A VEHICLE FOR SUCCESS

For Steve and his team, the primary mechanism for achieving success was the team itself and the relationships the team members formed with Steve. By all accounts, this team functioned extremely well. When asked what could have been improved, Steve shook his head and said,

I don't think they could do any better—they just busted their—they just busted themselves for me. Anything wrong with me, they were down and ready to go. They took me to my court dates, made sure I was there, made sure I never needed nothing—if I did, they would do their best to do that for me, get what I needed. I never had no complaints.

Art concurs: "With Chris, Laura—those two I have a lot of confidence in, trust in. We could talk with each other and say 'Hey what is going on' and also be very supportive of each other. So this is one good team." Later, he added, "Laura mainly, our coordinator, I think she has been right on top of the situation throughout, and she is probably one of the better coordinators out there."

Chris highlighted the role of frequent communication in team functioning:

Laura and I, I would guess, spoke by phone a minimum of three times a week with each other when we would get a piece of information on something. We would talk with each other over the phone and keep each other updated.

Laura talked about the importance of face-to-face meetings as well:

We always met as a team. Every three months, and sometimes in between...When he was [at the residential treatment center], I'd go out there a lot. Like when there was a crisis at Judy's house, or we even met when he was at the [girlfriend's family's home].

Another team member was Steve's probation officer. Laura describes what it was like working with him:

He showed up for many plan of care meetings. And he would be there, and he would just kind of make his comments, be funny, help Steve get checked out, did things that Steve asked about, see if he had tickets. Because he had a lot of tickets before he even got into Wrap. Municipal tickets, disorderly conduct, stuff like that...And I always kept him up to date, and I called him. A lot of times I never get a call back from him. But when he would show up for the meetings, he would say, "Oh yeah, Laura told me about this, this,

this. Laura keeps me up to date. I know what's going on." So then, it made me realize, they're really busy, they can't call me all the time, but they're listening. So I've done that with other probation officers – calling them even though they don't call me back.

STEVE FACES A FUTURE BEYOND WRAPAROUND MILWAUKEE

On July 31, 1999, 11 days after his 18th birthday (which is when his court order expired), Steve was formally "disenrolled" from Wraparound Milwaukee. Through his team's cohesive functioning, Steve's story has been largely successful. The cloud hanging over him now is his sentence of two years of probation for his conviction for driving a stolen vehicle. Laura sees a silver lining in this cloud:

One of the things that I think is really good for him, and he mig'ht not know this, is that he's on probation as an adult. And he got two years, with no jail time, nothing. Which is great. He has someone to watch over him, and he's got some respect for this guy already—saying, "I can't do this because my probation officer, I can't do that because my probation officer." So he's already got this sense, in his head, which I think is really good. And this sounds bad. I was kind of happy because he's on probation, because my sense is that I know he's kind of taken care of... I know that there's somebody to watch him.

Steve's team is uniformly optimistic about his future. Art said,

Steve, I would give him a better chance than a lot of other kids I work with in terms of staying away from criminal system, staying away from AODA [alcohol and other drug abuse], and being a decent citizen. I think that he has a chance at that if he sticks to his plan. And again, it's how he handles disappointments. If he can stay focused, go down for a minute but, if he can get back up and dust himself off and keep on going, then I think that he has a decent chance at a decent life. I sure hope so—he is a good kid. He is enjoyable to work with.

Chris agreed with Art's positive view:

I would see him working full time someplace. Maybe in a factory. I don't know that he is necessarily going to go on to any vocational training or anything after he's done with high school, but I could see him settling into a job where he's going to work every day, and making a decent living for himself. I see Steve in a relationship, most definitely. And whoever he is with at that time, he'll be contemplating getting married. I think he's going to try to build his family, with himself and someone else. That's what I see for him.

But I also see him probably trying to give a little bit back. He's always talked about, how "When I get to your age, I want to be working with kids too." So he's got that in his mind—that people have helped him, maybe he'll want to give some of that back. Maybe be a mentor, or something. He's definitely got a lot of experiences to draw on.

Steve himself did not want to speculate about his future, but he did share what he thought his greatest success had been—"The way I turned out now."

How the Values of the Wraparound Approach and of a System of Care Were Fulfilled

For Steve: The Fulfillment of the Ten Essential Elements of the Wraparound Process

Element	How This Element Was Fulfilled
Community based	Steve's initial placement was not community based—he was in a residential treatment facility outside his home city. After five months, he transitioned to a group home in the community, and later, lived independently in the community with formal and informal supports.
Individualized and strengths based	The set of formal supports were matched to Steve's needs. The informal supports were highly individualized. Steve's capacity to form attachments and build relationships allowed him to connect to prosocial models.
Culturally competent	Steve's team respected the family cultures of the homes where Steve lived following residential treatment and supported the decisions they made about Steve's school and work. Steve was also informed about Latino doctors and dentists in his community.
Families as partners	Steve did not have a committed caregiver. Whenever parents did surface, providers tried to work with them. His views were always heard by the team, but his wishes were sometimes overruled.
Team driven	All decisions about Steve's services and supports were made by the consensus of the team of those most closely connected to Steve.
Flexible funding	Wraparound Milwaukee operates on a capitated system, in which funds are based on the number of children served and are not tied to any particular service. Steve also received some discretionary money to purchase personal items.
Balance of conventional and natural supports and services	For Steve, supervision by the Independent Living Program and counseling by Art was supplemented by the mentorship of his stepfather's girlfriend, Judy, and his girlfriend's father, who took him in.
Unconditional commitment	Despite Steve's outbursts and initial unwillingness to participate in the team process, the team stuck with him and even expressed willingness to support him beyond his disenrollment date.
Collaboration	There were as many agencies represented on Steve's team as there were team members. The agencies supported the team's decisions and worked together seamlessly.
Outcomes measured	The paperwork associated with Plan of Care meetings ensures that all goals are measured and that progress is assessed at least quarterly.

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For Milwaukee: The Community Fulfillment of the Core Values of a System of Care

System of Care Value	How This Value Was Fulfilled
The System of Care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.	In Wraparound Milwaukee, every child's plan is developed through a Child and Family Team (currently 650 families). A single care plan is developed across Child Welfare, Juvenile Justice, and Mental Health, with one identified care coordinator. Families can choose their own providers on the basis of needs identified through their Child and Family Team. Medical necessity for Medicaid-covered services is determined by the Child and Family Team.
The System of Care should be community based with the locus of services as well as management and decision-making responsibility resting at the local level.	Wraparound Milwaukee is designed to serve youth and families in the community as an alternative to residential treatment and to reduce usage by 65 percent from an average of 370 to 130 children in placement each day. The Wraparound Milwaukee System of Care provides more than 60 different community-based services, such as mentors, respite, and in-home care, provided by more than 170 agencies and individual providers working as part of a community network. A Partnership Council of key stakeholders in the system, including consumers, oversees the System of Care.
The System of Care should be culturally competent with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.	The Wraparound Milwaukee serves a diverse mix of children and families: 55 percent African-American, 8 percent Hispanic, and 35 percent Caucasian. Agencies providing care-coordination services reflect the diversity of our families in the composition of staff. The Provider Network of 170 agencies includes at least 30 agencies that are minority-owned and operated. The Wraparound Milwaukee Program has a cultural diversity work group and provides diversity as part of its certification program for new care coordinators.

ENDNOTES

[i] There was a police investigation, and no charges were filed against Steve regarding his relationship with this girl.

[ii] By "cost effectiveness" we mean the difference between the cost of the services that are part of an individualized plan of care and the cost of caring for the youth in the absence of a Wraparound process. That is, does the Wraparound process save money relative to care-as-usual?

CHAPTER 8: INTEGRATION AND DISCUSSION

The six narratives in this volume allow readers to learn about the Wraparound process by immersion in family stories. We ask, With six teams implementing the Wraparound process in diverse geographic regions, with children experiencing different emotional, behavioral, and safety issues, and with families having unique needs, what similarities emerge as a result of being guided by the values of Systems of Care as implemented through the Wraparound process? Here, we map the rich details of the previous six chapters onto the 10 core elements of the Wraparound process (community based, individualized and strengths focused, culturally competent, family driven, team based, flexibly funded, balanced between conventional and natural supports, unconditionally committed, collaborative, and accountable for outcomes). This chapter concludes with discussions of two additional themes that emerged as important in the qualitative analysis: *provider stress and burnout* and *safety.*

THE WRAPAROUND PROCESS IS COMMUNITY BASED

The Wraparound process provides services and supports in places that the child and family identify as their community. A belief inherent in this value is that unless children and youth remain in the community, in the least restrictive setting possible, they will not learn to succeed in their natural environments. To providers and families implementing services through a Wraparound process, it is counterproductive to segregate children and youth from the peer groups, schools, and families in which they need to learn to function. In addition to being more family-friendly, keeping youth in communities offers opportunities for "teaching moments" that would not occur in less natural, more restrictive environments.

Emerging across the six stories are two themes about how the Wraparound teams remained community based in their efforts to support even the most challenged children and their families.

- *Wraparound teams proved that intensive services could be provided in community settings.* When teams were challenged about the plausibility of meeting the child's and family's needs in the community, they responded by reframing the challenge. They asked people to analyze what a more restrictive placement might give the child and then brainstormed ways to create those components in the community, in the school, and in the home. For Pete, the safety of the hospital setting was recreated at home with temporary mental health staff. In Lisa's story, the original providers working with Crystal (before the Wraparound team) recommended another stay in foster care following her discharge from the hospital. They believed that Crystal was incapable of meeting Lisa's needs and that a therapeutic foster home was the most appropriate placement. In contrast, Crystal and her Wraparound team analyzed what the therapeutic foster home was intended to provide. They then developed a plan to implement each component in the home, along with support and training for Crystal to learn how to meet Lisa's safety, supervision, and behavior-management needs.

- *Wraparound teams continually mapped the services and supports where the child and family lived to identify the existing resources and strengths of the community.* With this resource map, teams had the knowledge to implement individualized plans of care in the neighborhood where the child and family lived. Sometimes, as in Reba's story, teams needed to identify a different neighborhood with the capacity to meet the needs of the child and family that still allowed services to be community based. In Reba's situation, the best solution was for her to enroll in the adjacent school district.

THE WRAPAROUND PROCESS IS INDIVIDUALIZED AND STRENGTHS FOCUSED

An essential element of the Wraparound process is that services and supports are individualized, strengths focused, and tailored to the priorities identified by the family across each life domain. Shifting the focus and emphasis from deficits and problems to strengths, interests, and goals requires both time to learn about families and activities to identify strengths and areas of need in particular life domains.

Emerging across the six stories are four themes about how Wraparound teams identify child and family strengths and how they build individualized plans of care that are based on the child's and family's strengths and preferences. A range of services were employed and tailored to meet a family's unique needs, from short-term intensive interventions to long-term supports.

- *Wraparound team members new to the family took the time to learn about them and to build a relationship* . This knowledge and familiarity developed the capacity of providers to focus on strengths and to identify ways to individualize services and supports. The Wraparound process uncovers the fundamental incompatibility between developing a caring relationship with a child and family and continuing to focus on what is wrong with the situation and the people involved. As Rick Shepler, Stark County's Creative Community Options Coordinator, stated, "If you build a relationship first and find that place of respect between the two of you...the strengths just flow from that."
- *The Wraparound process identifies child and family strengths and needs in all life domains*. Some teams used check lists, time lines, or open-ended questions to promote discussion about strengths, interests, and needs in each part of the lives of the child and family—living situation, educational and vocational needs, safety and legal issues, medical and health needs, cultural and spiritual needs, and recreational needs. Strengths discovery is an essential activity in the Wraparound process. Connie, a parent from Stark County, recalled the impact of the strengths discovery process: "I think that's when we started becoming partners."
- *Wraparound teams listened to family choices about how to prioritize needs and how to tailor or create services and supports to meet those needs.* Families' opinions were largely honored in the stories, and team members recognized that families know best about how services and supports should come into their lives. In these examples, individualizing care involved not only tailoring both the array of services and supports and the manner in which they were provided, but sometimes creating new services. For instance, Pete's individualized plan of care involved hiring "bodyguards" to help him feel safe so that he would not have to be hospitalized. Seth's team provided in-home services five days a week during the early morning routine where waking and departing on schedule for school was a critical need identified by the family. Lisa's grandmother, struggling more with the bedtime routine, chose to receive in-home services during the evening hours for support and an opportunity to adapt intervention strategies.

Eric's mother identified her son's need for a male role model and decided that mentoring services would occur in the late night hours to allow his clan brother and clan uncle to take him to a sweat lodge.

- *Wraparound teams individualized services by advocating for services to be sustained over time in some situations.* Individualizing means that not every child and every family should be expected to have services and supports either completely withdrawn or entirely shifted to natural supports. Illustrating this point is a comment made by Rick Shepler, of Stark County, about Seth. "There's never really an end, like 'Oh, Tourettes will go away.' ...His life continues and we try to give services in the most compassionate, least-restrictive, and most need-meeting way." As a part of advocating for services to be sustained over time, many of the teams were investigating how to more effectively individualize and bridge the transition that youth make from the child and adolescent System of Care to the adult system.

The process of individualization can be bumpy as it gets increasingly creative. Marsha, Pete's mother, observed that "I know this stuff is being made up so I can deal with some little mix ups and I can be flexible too."

Research supports individualization of care. Clark, Lee, Prange, and McDonald[1] studied 132 children randomly assigned to either "standard practice" (services typically available within the foster care system) or to the Individualized Support Team group, where they developed individualized plans of care with a family specialist. The children in the individualized group had fewer changes in placement and were more likely to be placed in a permanent home and to demonstrate better behavioral and emotional adjustment in that home than children receiving standard services.

THE WRAPAROUND PROCESS IS CULTURALLY COMPETENT

Learning about and respecting each family's culture is an integral part of the Wraparound process. Cultural competence could be operationalized in each of the families' stories as a process of developing adaptations to service delivery that reflected an understanding of the families' uniqueness. Two themes emerged across the grant communities about how teams worked to increase the cultural competence of the Wraparound process for each family.

- *Teams recognized that "every family has its own culture."* Even when service providers shared the culture of the family, they recognized that differences might still exist. As Deb Painte, Director of the Scared Child Project described, "One of the things that we learned about cultural competency...is [that] just because you're a Native American working with other Native Americans does not mean you are culturally competent. Because this is an intertribal project, we're working with seven distinct tribal groups. What is culturally appropriate here may not be culturally appropriate there." The key to working in a culturally competent manner was to remain open to learning about the family. Providers built relationships with families and listened to what the family valued and defined as their culture. Rick Shepler, of Stark County, believes that "Working 'culturally competent' simply means not assuming anything. Not assuming that I know a person's experiences...culturally or experientially, or from a mental health standpoint."
- *Teams used a range of activities to increase the cultural competence of the Wraparound process.* Providers did not have a set of activities that, when implemented, made the Wraparound process culturally competent. Instead, providers considered all kinds of activities

as enhancing the cultural competence of the Wraparound process. For instance, providers in Stark County respected Connie's belief and adherence to the 12-step process, and for Steve, providers in Milwaukee secured a counselor who had spent his own adolescence in the same neighborhood and community culture. The Sacred Child project illustrates a situation in which the process itself was culturally competent and the interventions used were both cultural and spiritual.

THE WRAPAROUND PROCESS IS FAMILY DRIVEN

For families to drive the Wraparound process, professionals must embrace a very different kind of relationship with families than many traditionally do. Professionals must view families as competent and capable of deciding, when given relevant, understandable information, what is best for them. The stories presented in this volume suggest the challenges that must be faced in realizing this value. The stories of Seth and Pete offer powerful testaments to what can be achieved when the Wraparound process is highly family driven. For example, Seth's mother discovered her son's true psychiatric diagnosis. Pete's mother single-handedly aligned the funding and service agencies in her county so that her son could receive in-home services. The stories of Lisa and Reba offer images of a process in which family and provider voices and choices were more blended. For example, Crystal, Lisa's grandmother, expressed great interest in getting a job and returning to the workforce. Her team did not agree. Worried that the stress and time away from the home and supervision of the children would be detrimental to the family's progress, they discouraged her from doing so. Crystal reluctantly followed the team's recommendation.[11] In Reba's story, providers had difficulty honoring the voices of Reba and her mother, Dede, because of the potential risks posed to them and others. For Lisa's and Reba's families, the blending of parent and provider voices occurred to avoid an impasse and to keep the process moving forward. As Don Mandelkorn, Director of Washington County Social and Rehabilitative Services in Vermont, summarizes, "We wouldn't even get out of the starting blocks in some situations if it was entirely parent driven because of different priorities."

If the ideal Wraparound process is parent driven, what did teams do to encourage parents and children to take the lead, express their priorities, and make choices for themselves? Two themes emerged from across the six stories—one theme related to parents and one theme related to children and youth.

- *The Wraparound process allowed families to drive the process by intentionally structuring opportunities to give families voice, choice, and ownership.* This structure occurred in three ways: 1) by teams telling families that they have control and relinquishing control verbally; 2) by providers asking families how they can assist them and what their preferences are; and 3) by providers giving families information to build their capacity for self-advocacy and self-navigation through the various systems and agencies. When parents already have strong advocacy skills, establishing a family lead in decision making often occurs both naturally and quickly. For others, encouragement was ongoing, since the family required more time to feel secure in developing plans of care. As Anna, Crystal's care coordinator in King County, described, "A main part of that is folks reassuring her that she does know what's best for her kids and that she can trust her own instincts to make decisions."

- *In the Wraparound process, children and youth had a voice in the process.* Across the six stories, teams were committed to finding creative and safe ways to involve children and youth in the care planning. Team members in King County encouraged children and parents alike to bring friends with them to the team meetings, people who could help alleviate some of the stress of being surrounded by adults and could help brainstorm solutions to problems. In other situations, team members spoke with children and youth ahead of time to help them prepare for the meeting and feel more secure about expressing their choices and preferences. In addition to increasing their cooperation, by expressing their own needs and preferences, children and youth enhanced the team's process of identifying and tailoring services and supports.

Santarcangelo, Bruns, and Yoe,[iii] in summarizing research on the perceptions of children and youth served in the Vermont System of Care, concluded that feeling like a partner in care planning and believing that caretakers will "stick with them no matter what" may be more important to treatment outcomes than being satisfied with life or happy with services. Similarly, Rosen, Heckman, Carro, and Burchard[iv] found that feelings of involvement are a particularly potent predictor of service satisfaction among youth and families. In the current volume, the impact of ensuring that children and youth have a voice in the process is evidenced dramatically in Eric's situation. Malcolm Wolf, a Spiritual Advisor from the Sacred Child Project, described a transformation that took place in Eric as a result of his involvement with the Wraparound team: "It let him know that he is a person, a human being [which] brought an awakening to him that maybe there was hope."

THE WRAPAROUND PROCESS IS TEAM-BASED

A fundamental value in Systems of Care (and hence, in the Wraparound process) is that providers and families must work together in teams based on partnership, equity, mutual problem solving, and consensus decision making. The team includes the child and family and those who are close to the family, including such natural supports as extended family members, friends, and neighbors. Ideally, fewer than half the team members should be professionals. Pete's mother, Marsha, a powerful natural advocate, said that being listened to allowed her to be a better listener: "During the course of the meetings, whatever I had to say and what Pete had to say was listened to and valued. People didn't always agree and that's OK. I learned how to be more of a team player. You have to be willing to listen to other people in order to fully understand everything—other people have valuable opinions too."

Across the six stories, the Wraparound teams served two important roles. They linked families to needed services and supports, and they served as an avenue for effective problem solving.

- *Wraparound teams facilitated the family's access and connection to needed supports and services and organized their systematic delivery.* As Carolynn, Reba's foster mother, raved, "That monthly meeting is an amazing process. I think it really has been the link. There's no other way you could do it to hold this together." The team also ensured frequent communication with families, which increased the ability of providers to learn about and respond to the needs of the

child and family. This contrasts with the traditional service delivery system, which Laura, Crystal's friend and team member, described as "having to go through all the process and running around in that treadmill that never seems to go anywhere."

- *The team structure enhanced the effectiveness and the creativity of problem solving and brainstorming.* The complexity of the life situations and the multiple needs of the children and families served through the Wraparound process required providers and families to become creative problem solvers. In Reba's story, the most effective interventions were not prepackaged. Rather, they emerged from the team as people brought and shared their ideas.

The teams contributed to building consensus and cooperation. When problems arise in individualized care planning, it can be because professionals have difficulty agreeing with each other and supporting a consistent approach, rather than because the child's and family's needs are complex. Providers described how processes used by teams, such as brainstorming and consensus decision making, reduced the frequency of these problems. As Deb Couture, a Social Services Caseworker in Vermont, described, "Actually sometimes we would just have to agree that we disagree and move on with what the majority was around the decisions."

THE WRAPAROUND PROCESS REQUIRES FLEXIBLE FUNDING

Instead of plugging families into categories of preexisting services, teams should have the capacity to individualize and tailor services to the child and family. To achieve this, services and funding streams must be flexible. Wraparound teams must have access to adequate and flexible funds to develop and implement individualized services and supports. Flexible funding is money that is not tied to any categorical service. Many communities restructure the allocation of funds or have some capacity to pool dollars from mental health, social services, juvenile justice, education, and other systems. For instance, funds that might have been allocated to pay for residential treatment could be used to support a child in the home and in the community. Two themes emerged around the use of flexible funds by Wraparound teams.

- *Wraparound teams used flexible funds to meet the needs of children and their families.* In these stories, providers understood that allowing family needs to go unmet for any period of time becomes a substantial drain on the family's capacity to meet emotional and behavioral challenges. Each time a team uses flexible funds to repair a car, buy a transportation pass, or purchase personal care items, the impact of these interventions extends far beyond the resolution of a concrete problem. Laura, of King County, summarized the powerful impact that these interventions had for her friend Crystal: "They're taking care of little details so she can get on with the business of taking care of her family." Lisa's team even looked into using flexible funds to pay for medical intervention to repair the scar on her face sustained during an assault by her foster brother. Since Lisa continued to have devastating reactions to the scar, the team felt that her progress toward resolving the trauma would continue to be limited without medical intervention.
- *Wraparound teams used flexible funds to ensure that services and supports met the child's and family's needs and that services were of high quality.* With flexible funds, teams addressed the interpersonal and socialization needs of children through less traditional, but highly community based, approaches, such as a summer camp experience for Seth, an overnight canoe trip for Eric, a horse ride to the Canadian border for Reba, and karate lessons for Lisa's

siblings.[v] Reba's story highlights the key role that flexible funding plays in propelling not only the individualization of services but also the quality. To ensure a stable foster care placement, Reba's team used funds to pay for short-term therapy for Reba and Carolynn to work out problems and strengthen their relationship. Access to these funds removed barriers to securing high-quality services from providers specialized and experienced in working with adolescents with inappropriate sexual behaviors. As Deb Couture of Vermont summarized, "I think we have tried a number of things with the budget, but it's really allowed us to have experienced folks work with Reba."

Among the systems we surveyed, King County's Blended Funding Project features the greatest flexibility of funds. Funds are provided up front, which requires less negotiation and fewer stipulations, and families have more control over how funds are spent. An interesting by-product is that when families were in charge of the budget, they demanded that service providers be more accountable to them, which may well contribute to families' receiving higher quality services.

The notion of families accessing funds flexibly concerns many traditionally minded administrators who fear budget overruns. However, research indicates that flexible funding expenditures are typically comparable to, or less than, traditional funding expenditures. Tighe and Brooks[vi] matched 26 children referred to out-of-state facilities by Vermont's child welfare organization with 26 children in Vermont's Individualized Care Programs who had similar demographic and behavioral profiles. The average total cost of serving the children in out-of-state treatment facilities was $4,893 a month, or about $58,718 a year. The average cost for a child served by community-based individualized services was 18% less, with savings of $857 a month, or $10,284 a year. Further, these annual savings have been found to be consistent across outcome studies.[vii]

THE WRAPAROUND PROCESS INCLUDES CONVENTIONAL AND NATURAL SUPPORTS

"Wraparound" is sometimes viewed inappropriately as a service itself, something that exists apart from clinical or other supportive services. This interpretation misses the point that Wraparound is a family-centered *process* for identifying and selecting services and supports on the basis of strengths and needs and then integrating them seamlessly into one individualized plan of care. In the stories presented in this volume, clinical services, such as therapy and medication management, were fully integrated with other services, such as probation (for Reba and Steve), child welfare (Pete), education (Pete and Seth), and natural supports (Eric, Seth, Lisa). For example, for Pete, outpatient therapy, in-home therapy, medication management, and educational placement were at the heart of his plan of care. Similarly, Seth's psychiatric services, his family's safety planning, and his educational plans were all dealt with together.

In the ideal Wraparound process, individualized plans of care involve gradually replacing conventional clinical services with natural ones, such as extended family members, friends, neighbors, church members, volunteers, local service organizations, teachers, or coaches. In some instances, however, a complete transition to natural supports may not be what the family wants or believes will meet their needs. Across the six stories, providers worked with families to help them achieve a balance of conventional and natural supports. As Rick Shepler of Stark County said about the Thomas family, "I think they know what services they need formally, they know what services they need informally, and they are balancing it real nicely." Two themes emerged regarding the process of building natural supports.

- *Natural supports must be identified and cultivated by everyone on the Wraparound team.* Many of the families who come into a Wraparound process have been previously rejected by extended family members or have become isolated because of their difficulties. For many families, their natural supports had disappeared from their lives. As a result, teams have to rebuild these supports. In Eric's story, the team reacquainted the family with the natural supports that already existed in their culture and in their community. In other communities and situations, teams had significant difficulty building this network. This was especially true in the stories of Steve and Reba. For Steve, minimal family structure was in place from which to build supports. For Reba, in contrast, the complexity of her behavioral issues led to times when the people who looked into providing informal supports elected not to do so because of the potential liability risk. However, by allocating time and by consistently identifying potential natural supports, each team over time helped families rebuild some degree of natural support.
- *Natural supports were a significant source of culturally relevant emotional support and caring friendships for children, youth, and families.* Providers, parents, and children dedicated time and energy to building informal supports because they were self-sustaining and often more meaningful. Plans of care included nurturing relationships that would remain in the lives of children and families as a source of support long after their relationships with professionals ended. For example, in King County, a major part of the *Beyond Blame* training curriculum ensures that all potential supports for a family are identified and incorporated into the team training sessions. "I didn't even know I had a team until then," said Crystal, "but we came up with all these people, my church, my friends, my kids, my doctor."

THE WRAPAROUND PROCESS REQUIRES AN UNCONDITIONAL COMMITMENT

To adhere fully to the values of the Wraparound process, providers and cooperating agencies must make an unconditional commitment to serve and support the child and the family. Essentially, they promise never to throw their hands up and walk away, never to threaten to walk away, and never to create a justification to reject the child or the family from services. They make a commitment to stand with the family and continue to refine supports and services to reflect their changing needs. Marsha said that unconditional commitment and a tolerance of setbacks made a huge difference for Pete: "He did wind up back in residential, but that was the best part of the team. It wasn't like, 'OK, we failed, that's it, everything is over.' Instead, no one gave up."

Emerging across the six stories are two themes about how each Wraparound team remained unconditionally committed to children and youth even when needs changed, the situation became increasingly complex, or the cooperation of a provider or child waned.

- *Wraparound teams adopted a mindset of doing whatever it takes to meet the needs of the child and the family.* Team members describe how this mindset continually brought them back to the table to refine plans of care and further develop supports, even in the face of obstacles and complexities. In Steve's story, the team was challenged by a paucity of placement opportunities. On repeated occasions, the natural supports that were part of the plan of care collapsed. The team, however, did not. They remained unconditionally committed to supporting Steve, and they brainstormed alternatives that any one team member may have overlooked. As Laura, Steve's care coordinator, described, "He had no family, and no one to take care of this kid. But you just kept plugging away at the philosophy, and building the team...and it worked."
- *Wraparound teams overcame what are often perceived as barriers in more traditional service delivery, including concerns related to "client resistance to treatment" and issues of safety and liability.* Reba's team did not abandon her or her mother when the team discovered that they had been withholding information or that Reba had been lying for a significant portion of her treatment. Rather, the team remained steadfast and committed to allowing the team process to resolve the issues. In Seth's story, the unconditional commitment of team members enabled them to work through some extremely challenging behaviors and continue to plan for his care. Connie, Seth's mother, commented, "We wouldn't have ever thought of that before because originally, as we thought of things for Seth, everybody kept saying there was a liability to everything....But we moved beyond that. We kept thinking we just need to make it work."

Wraparound team members, like Rick Shepler of Stark County, believe that "the unconditional part of the philosophy of services, of doing what it takes, is critical." Within the research literature, we find that youths' perception of their team as unconditionally committed is correlated with decreases in the severity of acting out behaviors, with decreases in depressed and self-injurious behaviors, and with increases in their overall satisfaction with services.[viii, ix] Indeed, Eric, Steve, and Reba made heartfelt statements about what their teams' unconditional commitment meant to them and how it was intimately related to their progress. Reba's comment is representative: "It's been all about them not giving up on me, because I'd give up on me if they weren't sticking with me."

DOCUMENTING OUTCOMES AND ENSURING QUALITY SERVICES IN THE WRAPAROUND PROCESS

An essential element of the Wraparound process is identifying desired outcomes and monitoring progress toward attaining these outcomes. Goals often include achieving success, safety, and permanence in the home, school, and community. Emerging across the stories were two themes about how teams established, monitored, and documented outcomes and ensured quality services.

- *Outcomes were determined on the basis of family priorities and team consensus.* Traditional thinking in mental health often involves measuring outcomes by using standardized assessment instruments, such as the Child Behavior Checklist, whose scores may not reflect

what families want and need. Canice, a parent advocate in Stark County, said, "It wasn't so important that the family successfully complete some criteria under a program, but that the family was content, they were happy, they felt safe, and they were together."

- *Wraparound teams monitored progress in all targeted life domains and made changes as needed.* Evaluation methods in King County used pictographs to visually depict over time whether progress was being made in the child's life domains. If progress was not in evidence, reported Karen Spoelman, Director of King County Mental Health Services, "It's not about whether I'm doing my job right, or your doing your job right. It's just that the data says that things aren't happening. So maybe a new intervention is probably called for here."
- *Individualized plans of care must consist of quality services and supports to be successful.* Even the best, most philosophically pure Wraparound process can yield poor results for a family if the services and supports that are part of the individualized plan of care are of poor quality. Inexperienced one-on-one aides, untrained mentors, or incompetent therapists can present huge pitfalls in a Wraparound process. On the one hand, "quality" might be defined simply as what is working. On the other hand, agreeing on this definition can be a challenge for a Wraparound team. Don Mandelkorn, Director of Washington County, Vermont's Social and Rehabilitative Services, said, "Quality is somewhat of an elusive concept because what I might feel is quality and what a client might feel is quality and what a treatment provider might feel is quality are all going to be pretty different. So we are always talking, we are always considering, we are always looking at what else we can do, what else we need to do, what are the issues with the program or any program and how can we keep improving the service."

Evaluation can be perceived as threatening because of the threat of blame or shame if problems are identified. The Wraparound process has a fundamental value of accepting setbacks and problems as part of the natural flow of events. Marsha, Pete's mother, said, "People would meet, we'd make a plan, if it doesn't work, we'd do it again. Try something new. Nobody blames anybody for it falling apart. We tried something, it either worked or it didn't work and you move forward. You don't keep looking back and blaming people. It's just a matter of circumstance in life and how things have unfolded."

SOURCES OF STRESS AND STRATEGIES TO REDUCE BURNOUT IN THE WRAPAROUND PROCESS

As in other areas of human services, team members engaged in the Wraparound process experience stress and sometimes burnout. Specifically, we identified three broad sources of stress: staffing, services, and fatigue from fighting for System of Care values in highly conventional venues.

First, we learned that teams experience stress related to difficulties with recruiting and retaining quality people in support positions, such as offering respite, mentoring, and providing one-on-one assistance in school situations. Providers reported an inadequate applicant pool owing to the small number and the lack of preparation and experience of the applicants. As a result, providers, parents, and school professionals found that support staff were unprepared, given the complexity of the issues and situations, to work competently and creatively with the child or the family. Elaine Ferguson, a principal in Stark County, echoed the concerns of others regarding the preparation of support staff: "I think my greatest concern was that they

weren't prepared... It was almost more of a burden than it was a help." Carolynn, Reba's foster parent, said, "When you can find good respite, it's helpful...There's respite out there, but quite honestly, there aren't a lot of people that I'm going to leave my kid with. They don't have the experience."

To address this staffing stress, administrators from each community engaged in activities to build the size of the applicant pool. Activities included using specialized advertising to increase the visibility of the Wraparound process; recruiting people into formal support positions following their success as a natural support to a family; and forming interagency joint recruitment-retention committees, made up of staff from across agencies who share the responsibility for and the fruit of recruitment and retention activities. Don Mandelkorn, of Vermont, described his local joint recruitment-retention committee: "It's in our best interest mutually to make sure that we have lots of folks ready, willing, and able. So, it's not just Social & Rehabilitative Services trying to recruit and Mental Health trying to recruit, it's people trying to do this together. So we have an interagency team with other folks on it as well, trying to recruit the resources we need for the next kid who can't live at home."

Another source of stress for Wraparound teams was related to trying to implement the Wraparound process—tailoring services and maintaining children in community-based settings when the community does not have a full complement of clinical service and support options available. Connie Thomas struggled with the lack of appropriate programs for Seth during summer days when she was at work. In few places is the paucity of services as appreciable as that experienced by those working with Native American families living on reservation lands. Clinton Wolf, a mentor in the Sacred Child Project, said, "One thing they do need that they don't have is Alateen...because they're sending our kids to the AA meetings and it scares them. When they go in there and they listen to some guy who's been drunk for 40 years and they've been drinking for a year. And they've got to go and be amongst them it sure throws them off. They need some type of juvenile services specifically for our young people." In communities where a more adequate range of services was available, providers dealt with gaps, especially for children who are challenged by developmental disabilities, substance abuse, or inappropriate sexual behaviors in combination with emotional and behavioral issues.

The development of service and support options and the process of filling in gaps in the continuum of services were significant challenges for each site. Administrators often referred to Federal and local grants as a means to fill these gaps, but the bureaucratic, political, and funding challenges require time to work through. Each community, however, continued to look at options for developing respite services, creating and expanding resources to provide crisis services, and expanding the flexibility of funding streams by further developing individual service budgets for children and their families.

Finally, Wraparound team members expressed weariness and stress related to the battle fatigue of advocating for nontraditional thinking and flexible approaches to service delivery. The fundamental assumptions of the Wraparound process lead to new ways of doing business that challenge traditional thinkers. Anytime a team member needed to connect with people in convention-bound roles, they had to take the time to get people "on board" with the System of Care values. They had to advocate for people to think more in terms of *supporting* children rather than *placing* children—to think more in terms of ideas, options, and solutions for children and families than in terms of problem identification. This advocacy process was both time-consuming and stressful for families and providers. But the stress of "selling" Wraparound to those in a traditional system may eventually become a different kind of stress, as Rick Shepler of Stark County noted: "There's really a big buy-in to it right now to the point where I'm just kind of overburdened."

BALANCING ISSUES OF SAFETY IN THE WRAPAROUND PROCESS

Families who come into a Wraparound process have children with complex emotional and behavioral needs. At times, the children being supported through the Wraparound process have behavioral difficulties that pose a danger to themselves and others, including property destruction, aggression, highly impulsive behaviors, running away, self-injury, and inappropriate sexual behaviors. Although each of these behaviors raises concerns regarding safety for the child and those around the child, few behaviors invoke as much concern as inappropriate sexual behaviors.

Th stories of Reba, Seth, and Lisa involved a Wraparound process in which planning and intervention around the child's inappropriate sexual behaviors was one component of the plan of care. The providers in these three stories refused to become bogged down by traditional or categorical ways of thinking, which can lead well-intentioned people to believe that someone else deals with "these kinds of kids." Instead, team members believed that a community-based Wraparound process could work as effectively for youth with these issues as it had for youth under other circumstances. Such a perspective demystified the issues surrounding what these children and their families needed to be safe and to achieve positive outcomes. It enabled teams to think critically about the issues, to identify the risks and protective factors, and to use the individualized planning process to respond effectively both to immediate concerns and to long term goals. In the end, each team found that the Wraparound process effectively addressed concerns about these behaviors.

One important part of an effective, individualized plan of care is adequate supervision whenever safety is a concern. Lynn, the care coordinator in Vermont, described this challenge as it related to Reba: "She is a kid where we have got the spectrum of people we have to protect her from, as well as from her. Anywhere from little kids to adult men she can have behaviors with." Reba, Lisa, and Seth had teams who developed detailed plans to ensure appropriate levels of supervision:

- Reba's supervision needs were the most intense. Her supervision was rarely at less intensity than "eyeball-earshot" (i.e., an adult could always see and hear Reba) and included mandatory risk-preparations for social-public situations.
- Lisa's supervision needs were specific to particular times of the day and the presence of her siblings. Her supervision plan included an alarm on her bedroom door.
- In Seth's story, during times when his sisters said that they were afraid of him, he needed intense supervision. His plan included never being with his sisters without an adult present. Later, as Seth made progress on goals to improve his impulsive sexual behavior, his supervision needs abated and his supervision plan was changed.

These examples illustrate how the decisions that teams made about supervision and safety plans were always grounded in the values of Systems of Care. For instance, Lisa's team had to consider which was more restrictive—an alarm on the child's bedroom door in the family's home or Lisa's placement in an institution? Similarly, Reba's team had to consider which was more restrictive—having intense external controls in each of her natural environments or having her environment be a locked residential facility? As Laura, of King County, stated, "You have to take extra precautions to make sure the child can live with you. It's very important that the child can still live at home and safely."

CONCLUSION AND IMPLICATIONS

The Wraparound process described in this volume represents a truly promising practice emerging in Systems of Care across the country. Through the Wraparound process, the values and principles that are the foundation of Systems of Care—family focused, child centered, culturally competent, community based, and highly individualized services and supports—are implemented on an individual level. In the previous *Promising Practices* volume on the Wraparound process, Burns and Goldman[x] defined the Wraparound process, specified its core elements, and described three communities that were implementing the Wraparound process. This current monograph complements their work by examining the Wraparound process at the child and family level. By writing "thick"[xi] descriptions of the Wraparound process, we presented the characteristics of the Wraparound process in action and explored the challenges confronted by youth, families, and practitioners as they provided innovative individualized services and supports to children and youth with serious emotional disturbance and their families.

For families of children facing challenges to their mental health and for youth with these challenges, we believe that this volume represents a source of hope. When individualized plans of care connect families with quality services and supports and truly build on strengths, positive change can occur. Further, the shift from families and youth as passive consumers of care to families as active decision makers is a crucial part of this process. With the considered advice of professionals, families and youth can and do make decisions that can improve their lives

For providers of care to children, we hope that this volume adequately depicts the characteristics of effective Wraparound processes, including strengths-based planning that individualizes supportive services (e.g., respite), clinical services (e.g., medication, therapy), and natural supports (e.g., families) in a manner that respects the individual preferences and cultures of children and their families. In an earlier *Promising Practices* monograph on Collaboration, Hodges and her colleagues[xii] suggested that effective collaboration must be operationalized at an individual as well as a program level and that it must always involve the active role of families. This current volume shows how practitioners from multiple agencies and across multiple disciplines collaborated with families and youth to realize the principles of a System of Care.

For researchers, other challenges remain. Researchers need to develop procedures that will enable them to conduct large-scale experimental studies of Wraparound. A large-scale, randomized, controlled field is considered by many to be the gold standard in determining whether an intervention works (as well as for whom and under what conditions), and there is no reason that such a study cannot now be done for the Wraparound process. Two trials have been conducted[xiii] on interventions that were very much like Wraparound, but because of one variation or another, they were not considered to be tests of the "full Wraparound process." In the past, scientific peer reviewers have complained that the Wraparound process was "inadequately specified," meaning that no manual or set of guidelines was available to ensure that different providers in different communities would implement the Wraparound process in the same way. Indeed, writing a manual for a highly individualized intervention is a daunting task. But as Henggeler and his colleagues have demonstrated through their manual for Multisystemic Therapy[xiv] and their numerous successful randomized trials, the manual can contain the *principles* underlying the intervention, rather than specify in a cookbook fashion what should happen in any given "session." In addition to a manual, researchers also must develop a set of measures to determine how faithful a given implementation of the Wraparound process was to the principles. Bruns and his colleagues have made a start in this work with their Wraparound Fidelity Index,[xv] which has been pilot-tested but awaits further development.

In addition to randomized trials, researchers should consider two additional strategies for studying the Wraparound process. One is the rigorous application of ethnographic approaches that explore both the way the Wraparound process is implemented and the "webs of meaning"[xvi] that will help us identify the subtle factors that contribute to positive outcomes. The other involves systematic, longitudinal follow-up of

experimental studies. Only by continuing to follow families over time can we learn about the long-term impact of the Wraparound process. For example, how does keeping a child in the community rather than in a correctional setting contribute to vocational and justice outcomes? Similarly, how does enabling a child to graduate from high school and keeping him connected with his family contribute to long-term vocational and family outcomes?

For policymakers, this volume exemplifies how the Wraparound process contributes to life outcomes for children (staying at home and in school and out of trouble) and families (keeping a family together and supporting parents to sustain their employment). This volume also identifies two barriers to Wraparound that policy can address. The first barrier relates to personnel. One common factor through these six Wraparound stories was that when front-line care positions such as respite workers, mentors, and one-on-one aides were staffed by strong, competent individuals, the likelihood of successful outcomes was much greater. However, many communities face serious challenges finding and retaining adequately trained individuals to provide front-line services to youth with mental health challenges. A possible solutions is providing the necessary applied behavioral training, perhaps at the community college level or through some interagency certification program, and then increasing the pay of these staff people commensurate with their training.

Another barrier to realizing the potential of the Wraparound process that policymakers could address is the lack of certain core clinical services in communities. Adequate respite care, summer programming, and in-home behavioral supports are often cited as needs by families. To ensure that the supply of clinical services matches the needs in the community, policymakers could mandate routine needs assessments and have family members of youth served through the Wraparound process sit on local agency boards.

IT TAKES A VILLAGE

The Wraparound process described in this volume is indeed a promising practice, but it is not new. Communities have found ways of "taking care of their own" for tens of thousands of years. John VanDenBerg has told the story about the remains of an elderly Neanderthal man found in Iraq. The remains revealed arthritis, a head injury that left him blind in one eye, and an amputated arm. He could have lived to old age only with the care of others. In this series, we have learned how Systems of Care can bring a community's supports together and how the Wraparound process can mobilize a family's social network and find creative ways to keep children at home. Through these examples, we see how modern communities, too, can "take care of their own."

ENDNOTES

[i] Clark, H. B., Lee, B., Prange, M. E., & McDonald, B. B. (1996). Children lost within the foster care system: Can Wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5*, 39–54.

[ii] It is worth noting that at the time of publication, two months after the interviews were conducted, Crystal was in fact working part-time.

[iii] Santarcangelo, S., Bruns, E. J., & Yoe, J. T. (1998). New Directions: Evaluating Vermont's statewide model of individualized care. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and their families with behavioral and emotional disorders: Programs & evaluation best practices* (pp. 117–140). Austin, TX: Pro-Ed.

[iv] Rosen, L. D., Heckman, T., Carro, M. G., & Burchard, J. D. (1994). Satisfaction, involvement, and unconditional care: The perceptions of children and adolescents receiving Wraparound services. *Journal of Child and Family Studies, 3*, 55–67.

[v] Not all the interventions were specifically mentioned in the stories, but all were found to be part of the strategies employed by the Wraparound teams.

[vi] Tighe, T. A., & Brooks, T. (1994). *Evaluating individualized services in Vermont: Intensity and patterns of services, costs, and financing*. Paper presented at the 7th Annual Florida Mental Health Institute Research and Training Conference: A System of Care for Children's Mental Health: Expanding the Research Base. Tampa, FL.

[vii] Santarcangelo, S., Bruns, E. J., & Yoe, J. T. (1998).

[viii] Santarcangelo, S., Bruns, E. J., & Yoe, J. T. (1998).

[ix] Rosen, L. D., Heckman, T., Carro, M. G., & Burchard, J. D. (1994).

[x] Burns & Goldman (1999).

[xi] Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.

[xii] Hodges, S., Nesman, T., & Hernandez, M. (1999). *Promising practices: Building collaboration in Systems of Care. Systems of Care: Promising Practices in Children's Mental Health, 1998 Series, Volume VI*. Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

[xiii] Clark et al. (1998); Evans et al. (1998).

[xiv] Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. New York: Guilford.

[xv] Bruns, E. J., Burchard, J. D., Ermold, J., & Dakan, E. (2000, March). *Development of the Wraparound Fidelity Index: Results from an initial pilot test*. Paper presented at the 13th Annual Research Conference of the University of South Florida's Research and Training Center for Children's Mental Health, Clearwater Beach, FL.

[xvi] Geertz (1973).

BEST COPY AVAILABLE

REFERENCES

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Bruns, E. J., Burchard, J. D., Ermold, J., & Dakan, E. (2000, March). *Development of the Wraparound Fidelity Index: Results from an initial pilot test.* Paper presented at the 13th Annual Research Conference of the University of South Florida's Research and Training Center for Children's Mental Health, Clearwater Beach, FL.

Burns, B. J., & Goldman, S. K. (Eds.). (1999). *Promising practices in Wraparound for children with serious emotional disturbance and their families. Systems of Care: Promising practices in children's mental health, 1998 Series, Volume IV.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Burchard, J. D., Burchard, S. N., Sewell, R., & VanDenBerg, J. (1993). *One kid at a time: Evaluative case studies and description of the Alaska Youth Initiative Demonstration Project.* Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Clark, H. B., Prange, M. E., Lee, B., Stewart, E. S., McDonald, B. B., & Boyd, L. A. (1998). An individualized Wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Best practices* (pp. 513–542). Austin: Pro-Ed.

Clark, H. B., Prange, M. E., Lee, B., & McDonald, B. B. (1996). Children lost within the foster care system: Can Wraparound service strategies improve placement outcomes? *Journal of Child and Family Studies, 5,* 39–54.

Evans, M. E., Armstrong, M. I., Kuppinger, A. D., Huz, S., & McNulty, T. L. (1998). Preliminary outcomes of an experimental study comparing treatment foster care and family-centered intensive case management In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Best practices* (pp. 543–580). Austin: Pro-Ed.

Geertz, C. (1973). *The interpretation of cultures.* New York: Basic Books.

BEST COPY AVAILABLE

Germain, C. B. (Ed.). (1979). *Social work practice: People and environments, an ecological perspective.* New York: Columbia University Press.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents.* New York: Guilford.

Hobbs, N. (1982). *The troubled and troubling child.* San Francisco: Jossey-Bass.

Hodges, S., Nesman, T., & Hernandez, M. (1999). *Promising practices: Building collaboration in Systems of Care. Systems of Care: Promising practices in children's mental health, 1998 Series, Volume VI.* Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Lichtenwalter, C. (1999). A System of Care for children and families: Stark County, Ohio. In National Resource Network for Child and Family Mental Health Services at the Washington Business Group on Health (Ed.), *A compilation of lessons learned from the 22 grantees of the 1997 Comprehensive Community Mental Health Services for Children and Their Families Program. Systems of Care: Promising practices in children's mental health, 1998 Series, Volume VII* (p. 79). Washington, DC: Center for Effective Collaboration and Practice, American Institutes for Research.

Minuchin, S. (1974). *Families and family therapy.* Cambridge, MA: Harvard University Press.

Rhodes, W. C. (1967). The disturbing child: A problem of ecological management. *Exceptional Children, 33,* 449–455.

Rosen, L. D., Heckman, T., Carro, M. G., & Burchard, J. D. (1994). Satisfaction, involvement, and unconditional care: The perceptions of children and adolescents receiving Wraparound services. *Journal of Child and Family Studies, 3,* 55–67.

Santarcangelo, S., Bruns, E. J., & Yoe, J. T. (1998). New Directions: Evaluating Vermont's statewide model of individualized care. In M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Best practices.* Austin, TX: Pro-Ed.

Stroul, B. A., & Friedman, R. E. (1986). *A System of Care for children and youth with severe emotional disturbances.* Washington, DC: Georgetown University Child Development Center.

Tighe, T. A., & Brooks, T. (1994). *Evaluating individualized services in Vermont: Intensity and patterns of services, costs, and financing.* Paper presented at the 7th Annual Florida Mental Health Institute Research and Training Conference: A System of Care for Children's Mental Health: Expanding the Research Base. Tampa, FL.

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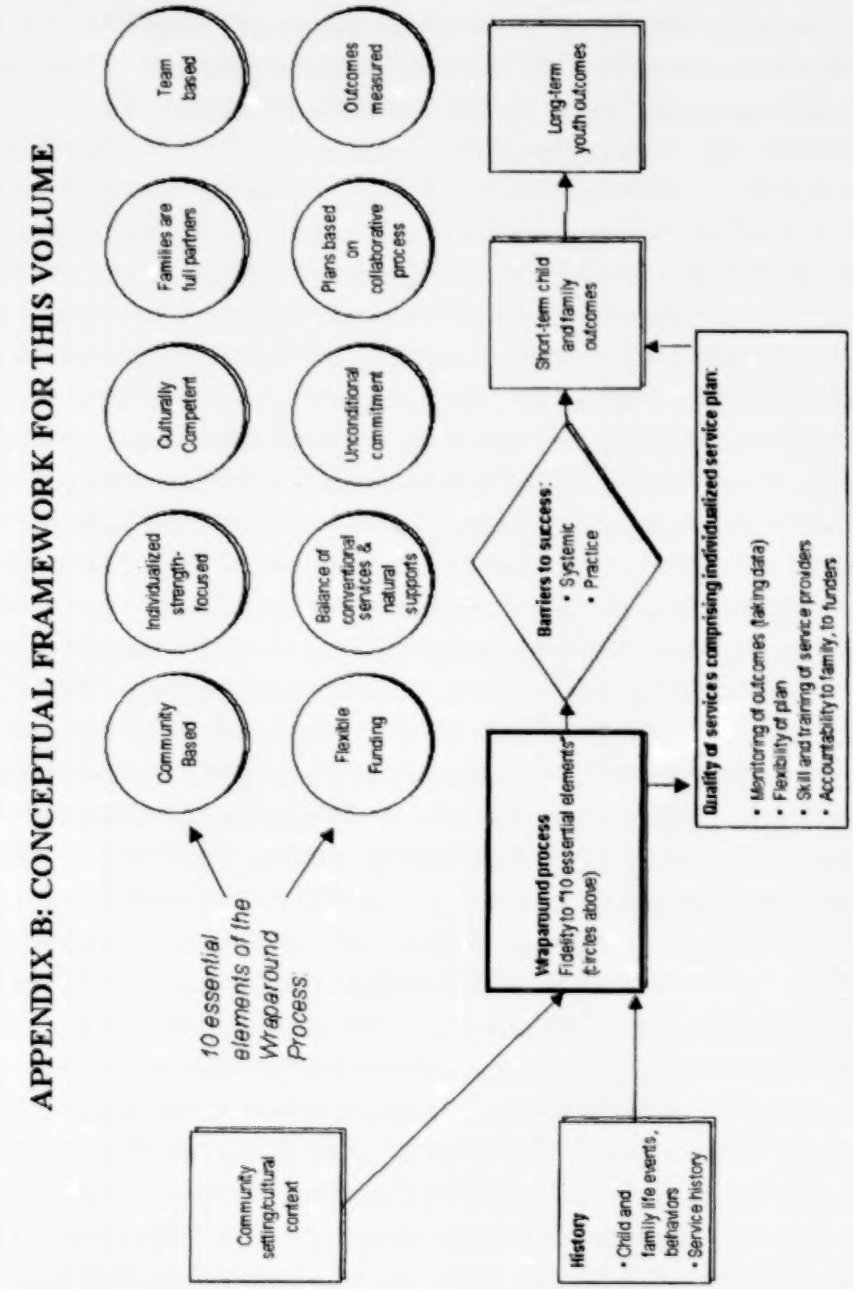
APPENDIX B: CONCEPTUAL FRAMEWORK FOR THIS VOLUME


APPENDIX B: CONCEPTUAL FRAMEWORK FOR THIS VOLUME
Community setting/cultural context
History
• Child and family life events, behaviors
• Service history
10 essential elements of the Wraparound Process
Community Based
Flexible Funding
Individualized strength-focused
Balance of conventional services & natural supports
Culturally Competent
Unconditional commitment
Families are full partners
Plans based on collaborative process
Team based
Outcomes measured
Wraparound process
Fidelity to "10 essential elements" (circles above)
Barriers to success:
• Systemic
• Practice
Quality of services comprising individualized service plan:
• Monitoring of outcomes (taking data)
• Flexibility of plan
• Skill and training of service providers
• Accountability to family, to funders
Short-term child and family outcomes
Long-term youth outcomes

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